



River Bluff High School PTSO

MEMBERSHIP/VOLUNTEER FORM

Parent/Guardian Name(s): _____

Phone Number: _____ E-mail: _____

1. Student Name: _____ Grade: _____

2. Student Name: _____ Grade: _____

3. Student Name: _____ Grade: _____

Membership: Parent/Guardian # _____ x \$5.00 = Total: _____

Donation Amount: _____

_____ Please email me for any future events, activities or donations.

_____ **Fundraising** – Assist Committee in campaigning efforts and any product distribution or student rewards

_____ **Staff Appreciation Events** – Assist in set-up or serving at a function or sending in food

_____ **Social Awareness Program** – Assist Committee at social/awareness events for parents and students

_____ **Business Partners** – Actively seek businesses for donations/sponsorship

_____ **Bojangles Sales**– Assist with biscuit sales during fall and spring for 45-60 minutes

_____ **Backpack Program** – Assist in collecting and sorting of snack items

_____ **Committee Member** – Assist in a particular committee such as Membership_____, Public Relations_____, By Laws_____, Fundraising____ or Special Events_____. Please check the committee that you are interested in.

ADDITIONAL HELP:

My family/business is _____ and I may have items/ways to help with food items, special incentives, etc.