



Manhasset Middle School SCA Parent Volunteer Form 2015-2016

Student's Name: _____ **Grade 2015-2016:** _____

Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I am interested in volunteering for the following **Middle School SCA Parent Council positions** (two year term):

- | | |
|--|---|
| <input type="checkbox"/> MS Finance Chair | <input type="checkbox"/> Opening Day Picnic Chair, 7 th grade (1 yr) |
| <input type="checkbox"/> Grade Level Chair, 7 th Grade only | <input type="checkbox"/> Publicity Co-Chair |
| <input type="checkbox"/> Halloween Party Chair | <input type="checkbox"/> Website Editor |
| <input type="checkbox"/> Hospitality Chair | <input type="checkbox"/> End of Year BBQ Co-Chair |

I am interested in volunteering for the following **Middle School SCA Committees**:

- Directory (August/September)
- Opening Day Picnic for 7th graders (September 1)
- Photo Day (September 17/18)
- Halloween Party (October 31)
- End of Year BBQ (June 3)
- MS Dances
- Staff Appreciation Luncheon (May 18)

I am interested in volunteering for the following **SCA Executive Committee positions** (two year term):

- | | |
|---|--|
| <input type="checkbox"/> Planet Manhasset | <input type="checkbox"/> Ways & Means Treasurer |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Project Share |
| <input type="checkbox"/> Family Theater | <input type="checkbox"/> Senior Banquet Co-Chairs |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Frolic Co-Chairs |
| <input type="checkbox"/> Summer Studies Co- Chair | <input type="checkbox"/> Educational Grants Co-Chair |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Publicity |

Please mail your completed form to me at 602 Park Ave, Manhasset, NY 11030 by July 20th. If you have any questions, please email me at kdhigg@aol.com. Thank you for volunteering!

Kim Haggerty
SCA Middle School President