

Friends of the Arts School (FOAS) 2009-2010

Join in the Fun: VOLUNTEER OPPORTUNITIES

Please fill out one form per volunteer! Check any and all events and activities that you would like to assist with. An Arts area Representative or Committee Chairperson will contact you for specific needs in each area. THANKS!!!

<input type="checkbox"/> Back to School Picnic August	<input type="checkbox"/> Coffee/tea/cocoa Sales Spring semester	<input type="checkbox"/> Middle School A-B-S Receptions
<input type="checkbox"/> 4th Grade Ice cream social August	<input type="checkbox"/> Teacher Appreciation Week May	<input type="checkbox"/> Classroom Volunteer
<input type="checkbox"/> Forms and Fees Session August	<input type="checkbox"/> Hall Monitors for test dates May	<input type="checkbox"/> Welcome Desk
<input type="checkbox"/> Innisbrook Sales Aug/September	<input type="checkbox"/> 8th Grade SCAPACELLIS May	<input type="checkbox"/> Recycling Team
<input type="checkbox"/> Picture Days September, October	<input type="checkbox"/> 8th Grade completion Ceremony May	<input type="checkbox"/> Flag Patrol
<input type="checkbox"/> Fall Musical	<input type="checkbox"/> Fun Day May	<input type="checkbox"/> Lunch time conversation leader
<input type="checkbox"/> Distinguished Scores Breakfast Late Fall	<input type="checkbox"/> Club volunteers: Circle: Chess, Math Counts, Destination Imagination, Academic Team	<input type="checkbox"/> Creative writing events
<input type="checkbox"/> SCAPA Auditions December	<input type="checkbox"/> Grade Representative: 4th, 5th, 6th, 7th, 8th Circle one	<input type="checkbox"/> Piano Recital
<input type="checkbox"/> Science Fair January	<input type="checkbox"/> Arts Area Representative Area _____	<input type="checkbox"/> Vocal events
<input type="checkbox"/> Dance SCAPA February	<input type="checkbox"/> FOAS Board	<input type="checkbox"/> Band or Strings events
<input type="checkbox"/> Book Fair Mid-Spring	<input type="checkbox"/> Sponsorship Committee	<input type="checkbox"/> Vocal events
<input type="checkbox"/> 6th Grade orientation March	<input type="checkbox"/> SCAPA Wear Sales	<input type="checkbox"/> Art Lease

Student Name: _____ Grade/Homeroom: _____/_____

Student Major: _____ Minor (middle school students): _____

Parent/Guardian Name: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Preferred method and time to be contacted: _____

Please drop off at the SCAPA Bluegrass Office window. Thank you for volunteering!

