



# WRHS BAND Parent Volunteer Form

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

Areas in which to volunteer (please check as many as you'd like!):

	Father	Mother	Other (Name/Relationship)
Available to Volunteer during daytime hours	_____	_____	_____
Calling Committee	_____	_____	_____
Chaperoning	_____	_____	_____
Fund Raising	_____	_____	_____
Corporate & Business Contacts	_____	_____	_____
Serve as team leader	_____	_____	_____
Band Uniform fitting, sewing or maintenance	_____	_____	_____
Guard Uniform or Flag sewing	_____	_____	_____
Concessions	_____	_____	_____
Publicity	_____	_____	_____
Booster Membership Recruitment	_____	_____	_____
Serve on Executive Committee	_____	_____	_____
Equipment Maintenance/Repair	_____	_____	_____
First Aid	_____	_____	_____
Trip Organizer	_____	_____	_____
Videographer	_____	_____	_____
Hospitality (Food – helping to feed the students)	_____	_____	_____
Heart of Georgia Competition	_____	_____	_____
Other:	_____	_____	_____

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Other Name: \_\_\_\_\_

**Note: Parents whose volunteer choices require contact with the students will be required to complete a Houston County criminal background check.**