

2015-2016 MBFS PTSA VOLUNTEERS

You must be a registered Pinellas County Volunteer prior to participation in any activity. Please check as many areas below in which you might be willing to help. Please contact Shelly or Sara if you would like to volunteer or need help at: <u>volunteer@mbfsptsa.org</u> or visit our website at <u>www.mbfsptsa.org</u>.

(Note: t	his is a	two-sided	document)
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Name:				
E-mail:				
Phone:				
Teacher Luncheon	Reflections Chairperson (Sept-Nov)			
Fall Festival	Fundraising (as needed)			
Family Nights (monthly)	Winter Boutique (December)			
Fish Fry (February, March, April)	Sell Spirit Wear (as needed)			
All Pro Dad (monthly)	Crafts/data entry/paperwork at home			
Decorations (as needed)	Classroom Representative (as needed)			
Wish List Program (as needed)	Commitment to Character Breakfast (monthly)			
Box Top for Education (Take home project twice a year)/Campbell Soup labels				
School Dances	Join a texting list if help is needed			
Other (specify)				

2015-2016 MBFS PTSA VOLUNTEERS CODE OF ETHICS

I agree to uphold a volunteer code of ethics. To act safely, responsibly, and within the law. To treat students, faculty, and fellow volunteers with courtesy and respect, and to support an environment free of harassment, exploitation, discrimination and fear. I agree to share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety. I agree to wear appropriate school issued identification whenever required by the school. I agree not to smoke or use tobacco products while volunteering and/or on school property. I agree not to be under the influence of alcohol or drugs at any time while serving in an official volunteer capacity. I agree to observe confidentiality in respect of sensitive and/or personal information gained through participation as a volunteer. All information held by schools should be handled with care. I agree to uphold school rules.

l,	, agree to uphold the Volunteer Code of
Ethics for Madeira Beach Fundamental School PTSA.	

Signature_____

Date _____