

-- PLEASE PRINT OUT FORM AND RETURN TO JPJMS --



everychild.one voice.

Joel P. Jensen Middle School PTSA

Show your student how much you care - VOLUNTEER!

Parent/Guardian name(s) _____

Daytime phone # _____ Evening phone # _____

Email _____

Student name(s) _____ grade _____

_____ grade _____

Volunteers will be needed throughout the school year for the following activities. We will contact you as needed. Thank you for volunteering!!

PTSA General Board

Memory Book

Reality Town

Vision/Hearing Screening

Book Fair

Other _____

Student Volunteer Opportunities

Student name _____ Grade _____

Student name _____ Grade _____

Parent/Guardian name(s) _____

Please check the activities you are interested in:

Memory Book (meets 2 times a month after school)

Other _____

Questions? Please call Joel P. Jensen Middle School and leave a message for the PTSA Board. (801-412-2850)