



# JOIN THE HILLTOPPERS! VOLUNTEER AT SCHOOL!!

## SCIENCE HILL HIGH SCHOOL PTSA

We need PTSA (Parent Teacher Student Association) members to be actively involved at school. Please look at the opportunities below and consider serving on one or more of the following committees. *Questions? Contact 10/12 VP Sharon Ramsey @ 742-1101 or 8/9 VP Sue Price @ 929-2706*

\_\_\_ **FUND RAISER:** Assist with the fund raising drives as determined by the Board and Committee. Current fund raisers are the 5K Run for the Hill on Sat., Aug. 16<sup>th</sup>, and Best Cards sales.

\_\_\_ **GROUNDS BEAUTIFICATION:** Assist with painting, planting, or other beautification needs.

\_\_\_ **HOSPITALITY:** Provide food items/drinks/paper products and act as hosts/servers as needed.

\_\_\_ **LIBRARY:** Assist in checking books in and out, shelving books, etc., as needed.

\_\_\_ **MEMBERSHIP:** Assist with the yearly membership drive (collecting money, issuing cards, helping with incentives/reports – duties mainly in Fall).

\_\_\_ **REFLECTIONS:** Assist with the PTSA Reflections Arts competition (promotion, distribution, collection of entries, and obtaining judges).

\_\_\_ **CITIZENSHIP:** Assist with the PTSA Citizenship competition (promotion, distribution, collection of entries, and obtaining judges).

\_\_\_ **SAFETY:** Assist with the PTSA Safety Poster competition (promotion, distribution, collection of entries, and obtaining judges).

\_\_\_ **SIP:** The School Improvement Plan (SIP) is made up of 6 Components and a Leadership Team. Members of each Component will meet to discuss the progress and adjustments of the School Improvement Plan and choose new goals. The State requires the school to have at least one parent and one community member on each of the 6 Components.

\_\_\_ **TEACHER SUPPORT/OFFICE VOLUNTEER:** Assist teachers or work in offices as needed.

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ AVAILABLE DURING SCHOOL HOURS YES \_\_\_ NO \_\_\_

ADDRESS \_\_\_\_\_

NAME OF STUDENT(S) \_\_\_\_\_ GRADE(S) \_\_\_\_\_

Your signature below authorizes us to publish and release this information to our Committee Chairpersons and Volunteer Coordinators.

Signature \_\_\_\_\_

**Please mail to: SHHS PTSA, 1509 John Exum Parkway, Johnson City, TN 37604 or you may return the form to the PTSA box located in the office on the 8/9 Campus or 10/12 Campus. THANK YOU!!**