

2011-2012
Lake Mary Montessori Academy
Parent Volunteer Organization (PVO)

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Physical Description: _____

Signature: _____

Date: _____

All paper work has been handed in. Yes _____ No _____

I have been through the training process Yes _____ No _____

I have been trained as a New Family _____ Rooted _____ Leader _____

Please return the completed forms to the school office. Each
volunteer must have these forms on file prior to their start date.

Please jot down any further questions you may have your preference for volunteering, and a brief schedule of days and times that you are available. Jodie Meli will be coordinating the schedule on a monthly basis and this information will assist her with organizing the Volunteers. We thank you in advance for your willingness to contribute to your child's educational experience, and your commitment to our school community.