



Quail Valley Elementary School
2015—2016 VIPS Form
(VIPs: Volunteers in Public Schools)

Volunteer Name: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Student Name(s) and Teacher(s): _____

Have you completed your FBISD Criminal History Authorization Form*: Yes _____ No _____

**FBISD requires Criminal History Checks be conducted in order to ensure the safety of all FBISD students. Criminal History Check information is confidential and only used for the purpose of ensuring student safety. Criminal History Checks can be completed online at the FBISD website at: <http://www.fortbendisd.com/Page/830>. An approved Criminal History Check is required to gain entry to the campus during regular school hours.*

VIPS support our teachers, staff and students. Without our VIPS we would not be able to continue to provide many of the great events and opportunities available at QVE. We always need additional volunteers to make our school successful. Please check all activities below for which you may be interested in volunteering. Please know that indicating your volunteer interest on this form does not commit you to regular or ongoing support; it simply informs us to notify you when opportunities in your area(s) of interest arise.

For information on PTO membership, Board member positions, and ongoing volunteer opportunities, or if you have any questions about volunteering at QVE, please contact Hillary Hunter at hunter_hillary@yahoo.com. Please refer to the PTO Overview (available on the Quail Valley Elementary PTO Facebook page) for more information regarding specific volunteer opportunities.

_____ Classroom Help

_____ Fundraising

_____ Homeroom Parent

_____ Carnival

_____ VIPS Workroom (laminating; copies; etc.)

_____ Spirit Nights

_____ Lunch Room Aide

_____ Spirit Wear

_____ Dad's Club

_____ Box Tops

_____ Hospitality (baking; donated food items)

_____ Shared Dreams

_____ Stage Decorating

_____ Mentor/Tutor

_____ Picture Day

_____ Newsletter

_____ Book Fair

_____ Spring Fling

_____ Nurse's Aide (assist with height/weight screenings)

***** PLEASE RETURN COMPLETED FORMS TO YOUR CHILD'S TEACHER OR TO THE FRONT OFFICE *****