

Bowman High School

Parent/Guardian Volunteers

Parent's Name: _____

Student's Name: _____

Phone Numbers:

Home	Work	Cell
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E-mail Address: _____

Please check jobs you would be interested in helping with:

_____ Parent Site Council (meets 3 times a year)

_____ Translation Services
Language _____

_____ District Parent Advisory Council

_____ WASC/Focus Groups – help with accreditation

_____ Tutoring–list subject _____

_____ Office Help – phones, mailings

_____ ASB Volunteers

_____ Art and/or Office Supply Donations

_____ Technology Donations

_____ Food Donations for Hungry Kids

_____ Room Parent

_____ Other _____