



Volunteers *in*  
Public Schools

## VIPS Chairperson Information Form

Name: \_\_\_\_\_ School: \_\_\_\_\_

Home mailing address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday (month/date): \_\_\_\_\_ Are you interested in learning about district-wide volunteer opportunities, committees and/or boards? \_\_\_\_\_

Names, grades and schools your children attend: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any PTA or school committee experience you may have: \_\_\_\_\_

\_\_\_\_\_

Will a co-chair or committee be working with you? \_\_\_\_\_ If yes, please list:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please review the job description for volunteer chairpersons. If you agree to serve as the ViPS chairperson (liaison) for your school, **please sign below:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_