

St. Mary's School of Piscataway HSA Membership Form

YOUR INFORMATION

Name: _____

Phone Number: _____ Ok to text? YES _____ NO _____

Email Address: _____

Student #1: _____ Grade: _____

Student #2: _____ Grade: _____

Student #3: _____ Grade: _____

TELL US A LITTLE MORE

Have you completed VIRTUS? YES _____ NO _____

Have you been fingerprinted? YES _____ NO _____

What skills and expertise would you like to offer the HSA?

HOW ARE YOU INTERESTED IN GETTING INVOLVED?

Please mark all that apply!

Board Member _____ Committee Chair _____ Committee Volunteer _____

Please list which committee(s) you are interested in: _____

Event Chair _____ Event Volunteer _____

Events I'm Interested In:

Trunk or Treat _____ Easter Egg Hunt _____

Turkey Trot _____ Mother's Day Event _____

Breakfast with Santa _____ Career Day _____

St. Mary's 5K _____ Father's Day Event _____

Are you able to commit to attending the quarterly meetings? YES _____ NO _____