

STACK

Parent Information/Volunteer Form

Student Name _____ Grade _____

Advisory/Homeroom Teacher _____ Locker# _____

Birthday _____

Home Address _____

Home Phone _____

Parent/Guardian _____

Father/Guardian's place of work _____

Mother/Guardian's place of work _____

Dear Parent/Guardian,

Your child has expressed a desire to join STACK, an organization of students who pledge to live a drug free life. We did not do this without a TREMENDOUS AMOUNT of parental involvement. If you would be willing to help, we would love to have you! Please check any of the following activities in which you can assist.

___ Meetings

___ Nursing Home Visits

___ Refreshments

___ Drug Free Week

___ Fund raising

___ County STACK meeting

___ Chaperon

___ Performing Troupe

___ Red Ribbon Week

___ Donate Crafts

___ Work booths

___ Help Students make crafts

___ Other