



# Fort Belvoir Elementary PTO Volunteers Request

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Room #: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Email \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Event volunteers requested for: \_\_\_\_\_  
\_\_\_\_\_

How many volunteers are being requested? \_\_\_\_\_

Date volunteers are needed: \_\_\_\_\_

Time volunteers are needed: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities of Volunteers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PTO Board Use Only**

Approved by PTO Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by PTO Board

Date of Meeting: \_\_\_\_\_