



Volunteer Form

PERSONAL PROFILE (Print all)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Cell phone: _____

Email: _____

School: _____

Occupation: _____ Length of Time: _____

What areas of the PNMA organizational or committee work are of particular interest to you?

What ideas or suggestions do you wish to contribute to the work of PNMA this year?

How will being a PNMA Volunteer be good for you professionally/personally?

What volunteer work or involvement do you have in other organizations?

Organization Name	Dates of involvement	Responsibilities

Share with us your experience in the following areas of organizational tasks:

AREAS OF CONTRIBUTION	Check all that apply	AREAS OF CONTRIBUTION	Check all that apply
COMMUNICATION		LEGAL	
CONNECTIONS/CONTACT		SALES	
FINANCIAL		SOCIAL/NETWORKING	
MANAGEMENT		STRATEGIC PLANNING	
MARKETING		TACTICAL	
(Other)		(Other)	

Volunteers can contribute time and effort to selected activities mentored by Board Members.

PNMA Members who volunteer can help focus the energies and resources of our organization toward events, communication, member services and outreach for Montessori education.

VOLUNTEER: I choose to participate as a volunteer. Refer my name to the volunteer coordinator.

Signature: _____ Date: _____

Board Members are required to attend meetings and contribute to organizational planning.

PNMA Volunteers who have an interest in the continuity of the organization can work together to bring the value of our Montessori organization forward into the next year.

BOARD Candidate: Please allow my name to stand for nomination to the PNMA Board of Directors.

Signature: _____ Date: _____