



School Name _____

_____ School Year

Please send to the SISD Volunteer Program by September 30th

Name of Organization _____

NAME	OFFICER	Telephone	E-MAIL	Indicate if attended TEAMS Training or self paced Online Training and indicate date of training
	President			
	1st Vice President			
	2nd Vice President			
	3rd Vice President			
	4th Vice President			
	Secretary			
	Treasurer			
	Parliamentarian			
	Historian			
	Volunteer Coordinator			
	Principal/Designee			
	Sponsor			