

Neosho Middle School Volunteers

**The mission of the Neosho R-5 School District
to inspire high academic
achievement and maximize personal
potential in all students.**

Welcome



Research shows that students whose parents are involved in their education have better grades and fewer discipline problems. Involvement at the school also makes it easier to establish friendships with teachers and other parents. We promise that the time you give our school will be worth your while—and fun!

Goal of Parental Involvement

To provide ALL Students and Teachers with support from our parents, grandparents, guardians, etc.

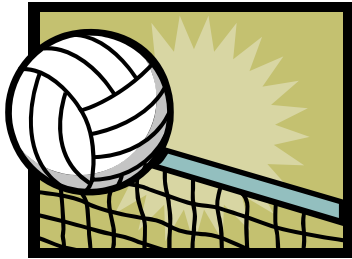


Policies / Procedures

- Any adult who has interaction with students in our building is considered a Volunteer.
- Every volunteer needs to fill out a background check form. (*provided later this evening*)
- Sign In Sheet
- Volunteer Name Tag



Concession Sales



- **Volleyball**

Begins September 8 / 5 Home Games
Sept 8, 12, 20, 22, 29



- **Girl's Basketball**

Begins November 3 / 4 Home Games
Nov. 3, 14, 29, Dec 1

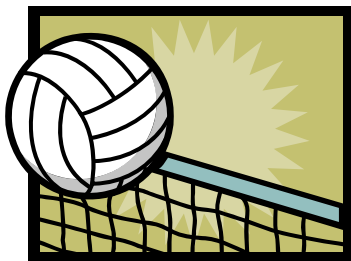
- **Boy's Basketball**

Begins January 3 / 4 Home Games
Jan. 9, 10, 16, 31

Concessions



- 1 Person to oversee each sport
- Call for volunteers / remind workers
- Serving Pizza, Popcorn, Candy bars & drinks
- Middle School staff will take care of all the ordering



- Need parents to pick-up Pizza
- Gate opens at 4:45
- Provide game officials with a drink



School Pictures

- Thursday, September 8
- Time: 7:45 - 1:00
- Need at least 6 people

Book Fair

- September 26 – 30 / 8:30 - 3:00
- Shifts are AM & PM; 2 people each shift
- Parent Night is Thu, Sept 29



Super Socials

- September 23 - 12:00-2:30pm
- Quarterly Rewards
- Game Workers
- Concession Sales



Box Tops



- Provides funding for school
- Last year we earned nearly \$1500.00
- Note goes home with parents
- Pick up box tops from school (each teacher has a manila envelope to collect box tops)
- Counting & Cutting
- Top class in each grade gets a Reward (generally a cookie / doughnut party)



School Store

- Student Council runs the store Mon-Thu
- Parents needed a couple days a week during lunch 10:30am - 1:00pm

Boulevard Bank - Deposits

- One day a week in the AM
- 7:30 – 7:45



Food For Thought



- Pick up backpacks from the YMCA on Thursday afternoons or Friday mornings.
- Need donations of Wal-Mart plastic bags



Watch D.O.G. Dads



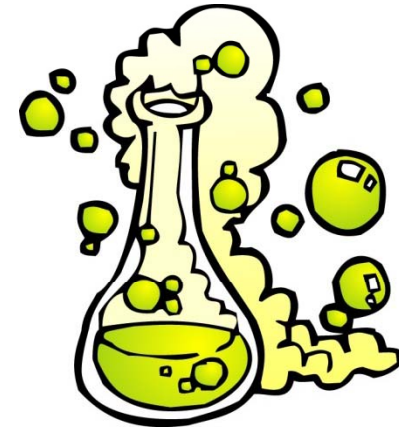
- Sign up on a Calendar Page
- Flexible Schedule
 - All Day or Half days - AM or PM;
 - Morning Drop-off 7:00 - 8:30am
 - Afternoon Pick-up 3:00 - 3:30pm
 - Lunch only 10:30 - 1:00
 - Let us know what works for you
- Check in at the Office with Officer Whitehill
- Get a picture with your child

Spring '12 Fun Night

- This event cannot happen w/out Parents.

Science Showcase

- Help setting up tables in the gym.



T-Shirt Sales



- Parents sell shirts and distribute them.

Vision/Dental Screening



Nurse will contact volunteers

Donations

- MAP Snacks
- Supplies for special events/projects



Teacher Resource Center

- Begins Tuesday, Sept. 13
- 2 days a week - Tuesdays & Fridays
- Location – TBA
- Not exclusive to moms. Dads are welcome too!



- Parents to partner with businesses and faith-based leaders to help with the needs of our students.

Like us on Facebook



- A good way to stay in touch and in the know of what is going on at the Middle School.
- A good way for us to request help.



Background Check

Every volunteer is required to have a background check form on file with our Central Office.

You can pick one up at the Middle School office to fill out.

Thank you for your support.

SHP-159F 09/07
Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)				TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered			
IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.							
APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)							
MAIDEN NAME		DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE		
ALIAS NAME(S)			SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE /			
ADDRESSES FOR PAST 5 YEARS							
STREET	CITY	STATE	STREET	CITY	STATE		
Have you ever been found guilty to or been convicted of any criminal act in this state or any state? <input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.							
DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)			
Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state? <input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.							
DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)			
The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.							
SIGNATURE OF APPLICANT (REQUIRED IN INK)				DATE			
SIGNATURE OF REQUESTOR (Required in ink)				DATE			
TITLE OF CHILD CARE PROVIDER				TELEPHONE			
STATE AGENCY				STATE VENDOR OR CONTACT NO. (if applicable)			
CHECK APPROPRIATE BOX							
<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT		<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU		<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE			
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER		<input type="checkbox"/> DMH / DMH VENDOR		<input type="checkbox"/> CD CONTRACT PROVIDER			
<input type="checkbox"/> CD LICENSURE		<input type="checkbox"/> HEALTH CARE		<input type="checkbox"/> OTHER _____			
COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail				SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102			
AGENCY NAME				_____			
ATTENTION				_____			
ADDRESS				_____			
CITY, STATE, ZIP CODE				_____			

Sign Up to Help

- Find the sign-up sheet for the areas you would like to volunteer.

- Visit us on our website at...

http://www.neoshopublicschools.net/middleschool_home.html