



# DPMHS PARENT QUESTIONNAIRE

In an effort to develop a useful database for volunteering, community support, and communication we ask that you please answer the following questions.

## **Contact Information:**

*Please print*

<b>Parent/Guardian #1</b>
<i>First Name</i>
<i>Last Name</i>
<i>Phone #</i>
<i>E-mail</i>
<i>Employer</i>
<i>Occupation</i>

<b>Parent/Guardian #2</b>
<i>First Name</i>
<i>Last Name</i>
<i>Phone #</i>
<i>E-mail</i>
<i>Employer</i>
<i>Occupation</i>

## **Does your family have any of the following special skills:**

- |  |  |                                     |   |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Landscaping       | <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Marketing  | <input type="checkbox"/> Computer Technology          |
| <input type="checkbox"/> Painting/hardware | <input type="checkbox"/> Media         | <input type="checkbox"/> Writing    | <input type="checkbox"/> Food prep/service/restaurant |
| <input type="checkbox"/> Music/performance | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Journalism |   |
| <input type="checkbox"/> Other _____       |  |                                     |   |

## **Please check if we may contact you to help with:**

- ☐ School Site Council/Local School Leadership (decision making body of the school)
- ☐ PTSA (Parent Teacher Student Association)
- ☐ Assisting on Campus, Main Office, Parent Center, Student Store (Specific day/time each week)
- ☐ Assisting with special events/special projects
- ☐ Fundraising (soliciting donations of products and/or funds)
- ☐ Chaperoning Events
- ☐ Bilingual Translations: *Language* \_\_\_\_\_

## **What types of workshops would you be interested in attending:**

- |  |   |
|--|---|
| <input type="checkbox"/> How to talk to my teenager    | <input type="checkbox"/> How to assist my child with homework |
| <input type="checkbox"/> Health & Nutrition            | <input type="checkbox"/> Discipline                           |
| <input type="checkbox"/> Sex Education and my teenager | <input type="checkbox"/> Gay, Lesbian and Gender issues       |
| <input type="checkbox"/> Other _____                   |   |