

## JR Briggs PTA 2019-20 Membership Form

Complete the form below and return with \$5 Membership Dues!

Submit Form & Payment at PTA Meeting OR to school with student in an envelope marked - Attention: PTA

**<https://www.jrb-pta.org>**

The JR Briggs PTA is a volunteer organization made up of parents and teachers who work co-operatively to enhance the quality and quantity of activities and resources available at JRB.

Membership in this local PTA is open, without discrimination, to anyone who believes in and supports the Mission and Purposes of National PTA. Every individual who is a member of a local PTA chartered by Massachusetts PTA is, also a member of National PTA and of Massachusetts PTA, and is entitled to all the benefits of such membership.

### Membership Benefits Include

- Active Participation in our School Community
- Voting Rights at PTA General Membership Meetings
- Eligibility for Massachusetts & National Awards & Recognition
- Enjoy Discounts and Savings!

**Membership Dues: \$5/member**

**Your support is greatly appreciated!**

### This year our PTA will focus on:

- Organizing fun, family friendly and interactive events like the Dance Party, Game Night, Bunny Breakfast and Roll-on-America Nights
- Growing membership and participation in events and other fundraising opportunities

### Your support as a member will help us to:

- Allow students opportunities to participate in a wide variety of events throughout the school year
- Offset costs of programs and offerings at the school through mini grants

### Member Info

Member Name

Email

Type

**Home**

**Cell**

Preferred Phone

Student Name(s)

Teacher/Grade

For Administrative Purposes

Date Received

Amount Paid

Cash

Check

Received by

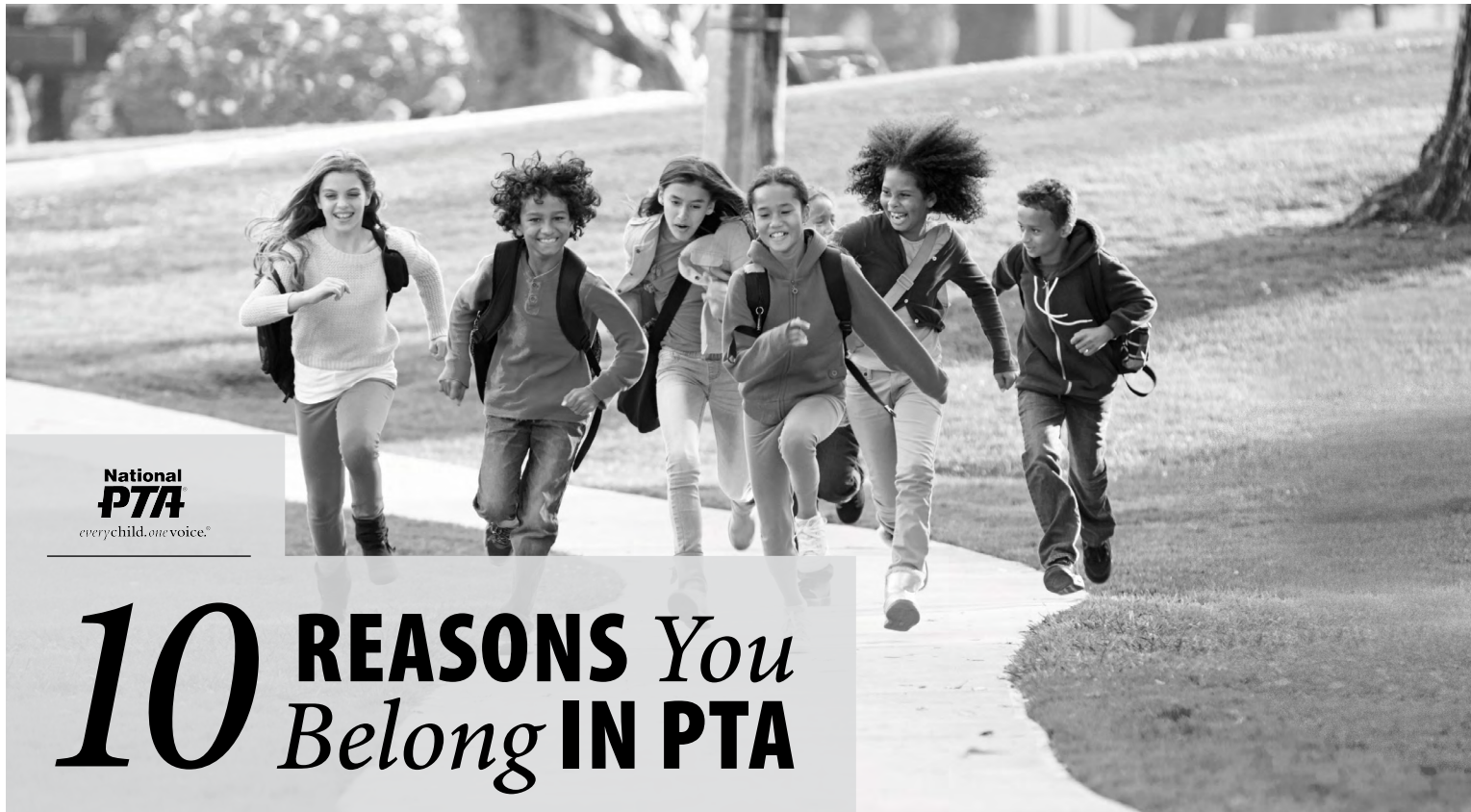
### I may be interested in helping in the following ways

Planning

Fundraising

Helping out at events

Other: \_\_\_\_\_



**National  
PTA**  
everychild.onevoice.®

# 10 REASONS *You* Belong IN PTA

1

**Amplify your voice.** PTA trains parents to advocate for children by taking actions and building coalitions that make positive change. Through PTA, you are informed about what you can do to affect local, state and federal policies that most impact children, families and schools.

2

**Have fun and meet new people!** Show your passion while making new lifelong friends from across your community, state and country that share your commitment to children.

3

**Save time and effectively run your PTA.** Use the Local PTA Leader Kit and an array of eLearning courses full of best practices and downloadable tools to help you lead your PTA and manage finances, grow membership, plan programs, fundraise, communicate with families and partner with school administrators to advocate for school improvements.

4

**Access resources and grants for your family engagement efforts.** Apply for funds or choose from an extensive collection of guides and digital tools for parents, including topics such as college and career preparation, child safety, navigating special needs and much more.

5

**Participate in PTA's nationally-recognized student and family programs.** Encourage students to explore the arts through Reflections, the nation's largest and longest running student arts program. Use PTA's program kits and apply for grants to engage families in health and safety, literacy, bullying prevention, digital safety and STEM.

6

**Gain recognition and national visibility for improving your school.** Participate in National PTA's School of Excellence program to strengthen your family-school partnership by engaging families in supporting student success and continuous school improvement. Earn national recognition that is celebrated at your school, in your district and across your state.

7

**Share timely parenting info.** Our premier publication, *Our Children Magazine*, was created for the parent who's always on the go and looking for the best parenting, wellness, education and PTA community info to help their child excel at school and in life. Share these and even hotter topics from our weekly digital publication PTA Weekend Update. If parents should know it, we cover it!

8

**Benefit from money-saving deals.** PTA members have access to a range of discounts from brands like AARP, Hertz, LifeLock, MetLife, Mountain America Credit Union, and Quicken Loans—just to name a few.

9

**Transform parent leadership into professional development.** Increase your impact, visibility and connections by taking a leadership role on PTA boards in your state—or with National PTA. We support you every step of the way with in-person, mobile and digital learning experiences, as well as mentors who become your champions for life.

10

**Create the village that helps to raise kids and strengthen schools and communities.** PTA believes we can make every child's potential a reality—but we need more believers. We need you.

Gain access to local, state and national resources .Visit **PTA.org/Join** to become a member today!



**Visit us at:**

jrb-ptd.org  
OR

Facebook.com/groups/  
JRBriggsPTA



Commonwealth of Massachusetts  
Department of Revenue  
Christopher C. Harding, Commissioner

mass.gov/dor

Letter ID: L1366233216  
Notice Date: April 2, 2018  
MA Taxpayer ID: 11398998



## CERTIFICATE OF EXEMPTION



JR BRIGGS PTA  
96 WILLIAMS RD  
ASHBURNHAM MA 01430-1661



Attached below is your Certificate of Exemption (Form ST-2). Cut along the dotted line and display at your place of business. You must report any change of name or address to us so that a revised ST-2 can be issued.

DETACH HERE



MASSACHUSETTS DEPARTMENT OF REVENUE

Form ST-2

### Certificate of Exemption

JR BRIGGS PTA  
96 WILLIAMS RD  
ASHBURNHAM MA 01430-1661

**MA Taxpayer ID:** 11398998  
**Certificate Number:** 1989531648

This certifies that the organization named above is an exempt purchaser under Chapter 64H, section 6(d) or (e) of the Massachusetts General Laws. All purchases of tangible personal property by this organization are exempt from taxation to the extent that such property is used in the conduct of the business of the purchaser. Misuse of this certificate by any tax-exempt organization or unauthorized use of this certificate by any individual will lead to revocation. Willful misuse of this certificate is subject to criminal sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines. This certificate is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

**Effective Date:** May 21, 2018

**Expiration Date:** May 20, 2028

**Ashburnham/Westminster Regional School District**  
**BUILDING and FIELD USE FORM**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Is this a non-profit organization: Y N

Activity Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Prior Access Required: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

School Requested: Oakmont Regional High School ☐ Overlook Middle School ☐  
John R. Briggs Elementary ☐ Westminster Elementary School ☐ Meetinghouse School ☐

**USER CATEGORIES**

In order to allow for the rational prioritization of uses, and the fees therefore, the following categories will be established:

**TIER 1**

- ✓ Use by (1) municipal agencies or (2) programs operated by non-profit organizations for the benefit of Ashburnham-Westminster Regional School District or its students.
- ✓ Use by other non-profit tax-exempt organizations located in Ashburnham or Westminster, for non-commercial purposes, whose membership is composed primarily of Ashburnham-Westminster residents.
- ✓ Use by other non-profit tax-exempt organizations, for non-commercial purposes.

Verification that an applicant organization is a bonafide non-profit organization with tax-exempt 501 (3) status may be required at the time of application.

**TIER 2**

- ✓ All other uses. (As determined by the Superintendent of Schools and/or the Director of Facilities)

**CUSTODIAL SERVICE:** All users, regardless of category, will be required to reimburse the Ashburnham-Westminster Regional School District for any additional expenses incurred for custodial services. When the building is open, the Superintendent of Schools, or his/her designee shall determine if additional custodial staff is required. All groups shall be charged the actual rate of pay for additional custodian(s) assigned to work.

- ✓ When the building is closed, all groups shall be charged the actual rate of pay for custodian(s) assigned to work.
- ✓ All groups using the multi-purpose field shall be charged the actual rate of pay for custodian(s) assigned to work.
- ✓ Any set-up time needed/required will be charge accordingly.
- ✓ In addition to actual hours of usage, groups shall be charged for any time needed for clean-up of area(s) after the group has departed.

**100% NO TOLERANCE ZONE FOR  
ALCOHOL, TOBACCO OR DRUGS**

Use of any of these products within the school buildings, the school facilities, on the school grounds or on school buses by any individual, including school personnel is prohibited.

**AED  
LOCATIONS**

Oakmont: Outside Nurse's Office / Gymnasium  
Westminster Elementary: Lobby by Cafeteria/  
Outside Nurse's Office

John R. Briggs Elementary: Front Lobby/Outside Nurse's Office  
Overlook Middle School & Meetinghouse School: Front Lobby/  
Gymnasium

# BUILDING USE FEES - TIER 2

Required Staff (Tier 1 & 2)

1 Week Notice is Required

	Hourly Rate		# of Staff		# of Hours		Total
<input type="checkbox"/> Custodian	\$40 (week)	X		X		=	\$
<input type="checkbox"/> Custodian	\$55 (weekend)	X		X		=	\$
<input type="checkbox"/> *AV Tech (required)	\$20	X		X		=	\$

	MHS	WES	JRB	OMS		# of Hours	Total
Location	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate			
<input type="checkbox"/> Classroom	\$10	\$10	\$10	\$10	X		\$
<input type="checkbox"/> Cafeteria	\$25	\$25	\$25	\$25	X		\$
<input type="checkbox"/> Gym	\$25	\$25	\$25	\$30	X		\$
<input type="checkbox"/> Library	\$15	\$15	\$15	\$15	X		\$
<input type="checkbox"/> Team Room				\$30	X		\$
<input type="checkbox"/> School Field			\$15	\$15	X		\$

## Oakmont Regional High School/Fields

Location	Hourly Rate		# of Hours	Total	Notes/Comments
<input type="checkbox"/> Classroom	\$10	X		\$	(i.e. - # chairs / specific set-up)
<input type="checkbox"/> von Deck Lecture Hall	\$15	X		\$	
<input type="checkbox"/> Webber Conf Room	\$10	X		\$	
<input type="checkbox"/> Cafeteria	\$25	X		\$	
<input type="checkbox"/> Old Gym	\$25	X		\$	
<input type="checkbox"/> Auditorium*	\$40	X		\$	
<input type="checkbox"/> New Gym	\$30	X		\$	
<input type="checkbox"/> Locker Room	\$10	X		\$	
<input type="checkbox"/> Library	\$20	X		\$	
<input type="checkbox"/> Lights	\$25	X		\$	
<input type="checkbox"/> Baseball Field	\$15	X		\$	
<input type="checkbox"/> Track	\$15	X		\$	
<input type="checkbox"/> Summer Camps	\$100	X	Per day	\$	
<input type="checkbox"/> Chair/Table	\$1 each	X	Per day	\$	

## Additional Set-Up Requests

	Hourly Rate		# of Hours	Total	Notes/Comments
<input type="checkbox"/> TV/VCR	\$10	X		\$	(i.e. - # chairs / specific set-up)
<input type="checkbox"/> Mic./Sound System	\$15	X		\$	
<input type="checkbox"/> AV/Computer/Video *	\$20	X		\$	

Sponsor's Signature / Date \_\_\_\_\_ / \_\_\_\_\_

Approved by School Principal / Date \_\_\_\_\_ / \_\_\_\_\_

Head Custodian / Date \_\_\_\_\_ / \_\_\_\_\_

**\*\*Total Charges \$** \_\_\_\_\_ **\*\* Subject to change due to additional coverage**

One Copy To: \_\_\_\_\_ Principal/Designee \_\_\_\_\_ Organization \_\_\_\_\_ Head Custodian \_\_\_\_\_ Supt. Office \_\_\_\_\_ Tech Dept.





**ASHBURNHAM-WESTMINSTER REGIONAL SCHOOL DISTRICT**  
**Office of the Superintendent**

**Gary F. Mazzola, Ed.D.**  
**Superintendent of Schools**

11 Oakmont Drive ~ Ashburnham, MA 01430

**Julie Surprenant**  
**Director of Finance & Business**

978-827-1434 ~ Fax 978-827-5969

AWRSED  
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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**  
**ACKNOWLEDGEMENT FORM**

As a prospective or employee/volunteer for the position of \_\_\_\_\_, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Ashburnham-Westminster Regional School District to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Ashburnham-Westminster Regional School District with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer, and licensing purposes only: The Ashburnham-Westminster Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Ashburnham-Westminster Regional School District must first provide me with written notice of this check.

Ashburnham-Westminster Regional School District is registered under the provisions of MGLc68172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or leasing of housing.

**(PROSPECTIVE) EMPLOYEE / VOLUNTEER INFORMATION (Please print)**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Maiden Name / Alias (if applicable) Date of Birth Place of Birth

\_\_\_\_\_  
Mother's Maiden Name Father's Full Name

X X X - -  
SSN (Last 6 digits **IS REQUIRED**) State Drivers License Number State of Issue

\_\_\_\_\_  
Sex Height: ft. in. Eye Color Race

\_\_\_\_\_  
Current and Former Addresses:

\_\_\_\_\_  
(Prospective) Employee/Volunteer Signature: Date:

By signing above, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Cori Authorized Employee Signature:

**\*\*This information was verified with the following form of government issued photographic identification\*\***

(Photocopy picture id prior  
to filling out Form **OR**  
photocopy on back of form)

## JR Briggs PTA Mini Grant & Funding Request Form

*Grant not to exceed limits set by PTA at budget meeting (limits for the 2019-20 school year is \$650).*

*Grants may be awarded once for each grade level or special, or one for the administration, in an academic year.*

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

Applicant Name: \_\_\_\_\_

Requested on behalf of Grade Level and/or Subject: \_\_\_\_\_

Describe in detail the nature of your request and how it will benefit our students and/or their families. Write on reverse side if necessary. **Please include an explanation of how this ‘ties’ to district curriculum:**

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How many students do you expect this grant to benefit? \_\_\_\_\_

Do you expect this grant to benefit students longer than the current academic year?

Circle one: Y / N

What is the cost of your request? \_\_\_\_\_

*Please provide an itemized budget including any fees as well as shipping and handling. The PTA is a tax exempt organization.*

Date funds requested by: \_\_\_\_\_ Checks Payable to: \_\_\_\_\_

Thank you for submitting your request! All request will be reviewed at the next PTA Meeting.

Principal Approval &amp; Additional Comments:

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PTA Use Only:      Approved on: \_\_\_\_\_      Amt. Approved: \_\_\_\_\_

Denied on: \_\_\_\_\_ Why Denied: \_\_\_\_\_

**Event Date:**[illegible]





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# Deposit Notice

**Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Received By:** \_\_\_\_\_  
**Program/Category:** \_\_\_\_\_ **Total Amount**  
**(event, supplies...)** \_\_\_\_\_ **Deposited:** \_\_\_\_\_

## Cash Record

## Check Record

\$20 X \_\_\_\_\_ Number of Checks: \_\_\_\_\_

\$10 X \_\_\_\_\_ **TOTAL CHECKS:** \_\_\_\_\_

\$5 X \_\_\_\_\_  
 \$1 X \_\_\_\_\_

- If depositing Checks, please complete and attach a Check Ledger along with corresponding checks.

\$0.25 X \_\_\_\_\_  
 \$0.10 X \_\_\_\_\_

- Deposits from programs or fundraisers should be submitted within one week of the end of the event.

\$0.05 X \_\_\_\_\_  
 \$0.01 X \_\_\_\_\_

- Deposits may be submitted to any PTA Board Member for delivery to the PTA Treasurer.

**TOTAL CASH:** \_\_\_\_\_

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*For Treasurer's Use Only*

Category

Transaction ID

Deposit Date

Logged

Reimbursement Request

Rev 6/3/2015

# Deposit Notice



## Check Request

**\* \*\* Please attach invoice if requesting bill payment \*\*\***

Payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Program/Category: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
(event, supplies...)

Reason for Check: \_\_\_\_\_

Annual Budget Year: \_\_\_\_\_ Approved at Meeting: \_\_\_\_\_

- Checks will be mailed to the address indicated above. For invoice payment, please list the Accounts Receivable address on the invoice.
- JRB PTA is tax exempt; please ensure you have provided your vendor with a copy of our tax exempt certificate and that no sales tax is reflected on the invoice.
- Checks are approved at the next general meeting, or executive committee meeting, whichever occurs first.

**Board Approval Required:**

Two board members must sign approval before reimbursement can be made.

Approved By: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

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

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*For Treasurer's Use Only*

Category	Check #	Payment Date	Logged
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## Reimbursement Request

***\* \*\*Original Receipts must be attached \*\****

Payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Program/Category: \_\_\_\_\_ Total  
(event, supplies...) Amount: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

Annual Budget Year: \_\_\_\_\_ Approved at Meeting: \_\_\_\_\_

- Checks will be mailed to you at the address indicated above.
- JRB PTA is unable to reimburse for sales tax. If a receipt is submitted with sales tax, reimbursement will be paid less the tax amount.
- All Reimbursement Checks are approved at the next general meeting, or executive committee meeting, whichever occurs first.

**Board Approval Required:**

Two board members must sign approval  
before reimbursement can be made.

Approved By: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

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

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*For Treasurer's Use Only*

Category

Reimbursement Request

Check #

Payment Date

Logged

Rev 6/3/2015



# Cash Box Request

**Requestor:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Program/Category:** \_\_\_\_\_ **Total Amount Requested:** \_\_\_\_\_  
(event, supplies...)

## Handling Procedures:

1. Two people count the money before your event to verify the amount received

Approved By: \_\_\_\_\_

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

2. Checks should be made payable to JR Briggs PTA - Verify the legal line (longhand written)

(#1) Count In: \_\_\_\_\_

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

3. Separate all Cash from Checks

(#1) Count In: \_\_\_\_\_

4. All bills facing the same direction

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

5. Remove any staples

(#7) Count Out: \_\_\_\_\_

6. Count checks and complete Check Ledger, keep checks in order of listing and total the amount received

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

(#7) Count Out: \_\_\_\_\_

7. Two people count the money at the close of the event and complete the Deposit Notice

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

8. All money should be turned into the PTA Treasurer within one week of the end of the program, event or fundraiser

9. To protect our volunteers, the Cash Box may not be passed from one event chairperson to another event chairperson without prior consent of the Executive Board and completion of a Cash Box Transfer form.

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*For Treasurer's Use Only*

Category

Check #

Payment Date

Logged



## Cash Box Transfer

<b>Holder:</b>	_____	<b>Date Transferred:</b>	_____
Phone:	_____		
Program/Category: (event, supplies...)	_____	<b>Total Amount at Transfer:</b>	_____
<b>Receiver:</b>	_____		
Phone:	_____		
Program/Category: (event, supplies...)	_____	<b>Verified Amount Received:</b>	_____

### Handling Procedures:

1. Before a Cash Box Transfer can take place, the PTA Board needs to provide the amount requested for the next Cash Box use to the Holder and Receiver. Any funds exceeding the amount requested for the Cash Box to start the next event should be held by the Chairperson for the event that occurred first and submitted to the PTA Board with a Deposit Notice.
2. Once the transfer of the Cash Box is complete, the responsibility of its contents lies with the receiver.
3. Receiver: Two people should count the money before your event to verify the amount transferred.

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For Treasurer's Use Only

Category	Check #	Payment Date	Logged
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**J.R. Briggs Elementary School**



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# CERTIFICATE OF APPRECIATION

AWARDED TO:

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In recognition of outstanding contributions to the J.R. Briggs Elementary School Community through volunteer work and continuous dedication to the J.R. Briggs Parent Teacher Association and our students during the \_\_\_\_\_ academic year.

Presented by the JR Briggs PTA Executive Board