



# Volunteer Opportunity Sheet

## 2009-2010 School Year

### Contact Information

Please fill out one pledge form for **each** parent/guardian in your family.

\_\_\_\_\_  
 PARENT/GUARDIAN NAME RELATIONSHIP TO CHILD(REN)

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 HOME PHONE CELL PHONE EMAIL

\_\_\_\_\_  
 CHILD'S NAME CLASS CHILD'S NAME CLASS

\_\_\_\_\_  
 CHILD'S NAME CLASS CHILD'S NAME CLASS

- Please do not include my information in the school directory.
- Yes! I would like to volunteer at school this year.
- I prefer to be contacted by  email  cell phone  home phone



**1. The Types of Opportunities I'm Most Interested In Are:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Family Events | <input type="checkbox"/> Fundraisers                                   | <input type="checkbox"/> One-time Projects    | <input type="checkbox"/> In-Classroom          |
| <input type="checkbox"/> Office Help   | <input type="checkbox"/> Outdoor Projects                              | <input type="checkbox"/> Teacher Appreciation | <input type="checkbox"/> Event Set-up/Clean-up |
| <input type="checkbox"/> Field Trips   | <input type="checkbox"/> Parade or Other Community Event Participation |   |  |

**2. Do You Have a Unique Talent or Skill** that you'd like to share or access to a unique resource that might be a great fit for the school (like company matching gift program or a pickup truck perfect for deliveries)?

\_\_\_\_\_  
 \_\_\_\_\_

**3. I'd Be Interested in Helping With** the following activities and/or committees already scheduled for the current school year. (Please check all that apply).

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Fall Planting Day       | <input type="checkbox"/> Int'l Children's Day | <input type="checkbox"/> Spring Auction | <input type="checkbox"/> Moving-On Ceremony |
| <input type="checkbox"/> Dugnad (Parent Workday) | <input type="checkbox"/> Tuition Tax Credit   | <input type="checkbox"/> Campus Campout | <input type="checkbox"/> Ice Cream Social   |

**4. The Days and Times That Are Best For Me Are:** (Please check all that apply)

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> During School Hours | <input type="checkbox"/> At School | <input type="checkbox"/> Weekday Evenings |
| <input type="checkbox"/> After School        | <input type="checkbox"/> From Home | <input type="checkbox"/> Weekends         |

Please send an email to [tempoboard@cox.net](mailto:tempoboard@cox.net) if we can be of any help or if you have any of your own ideas for getting involved. And don't forget to check the website for regular updates on how you can help. Thank you!