



2 Hour Power Pledge Sheet

Contact Information

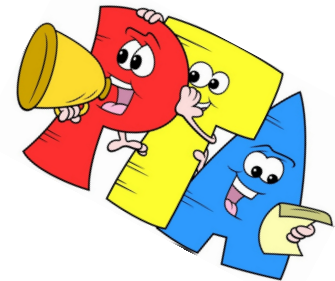
Please fill out one pledge form for each parent/guardian in your family.

PARENT/GUARDIAN NAME		RELATIONSHIP	
ADDRESS			
PHONE NUMBER		EMAIL	
CHILD'S NAME	CLASS / GRADE	CHILD'S NAME	CLASS / GRADE
CHILD'S NAME	CLASS / GRADE	CHILD'S NAME	CLASS / GRADE

Yes, please include me in the school directory!

2 Hour Power Pledge

Yes! I pledge to give 2 hours to our school this year.



Volunteer Interests & Availability

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"/> Lunch Help |
| | | | <input type="checkbox"/> Dads' Event |

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"/> Munchies w/ Moms | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Book Exchange | <input type="checkbox"/> Staff Appreciation | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Donuts w/ Dads | <input type="checkbox"/> Box Tops | <input type="checkbox"/> Book Fairs | <input type="checkbox"/> Room Helper/Parent | <input type="checkbox"/> Welcome |

4. The Days, Times and Types of Activities Best For Me Are: (Please check all that apply)

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

Have Questions?

Please call or email if we can be of any help or if you have any of your own ideas for getting involved. Contact: Renaë Bolton at 216-965-7611 or email her at maple_leafpta@yahoo.com.