

# 2 Hour Power Pledge Sheet

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

## Contact Information

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

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

## Interests & Availability

### 1. The Types of Opportunities I'm Interested in Learning More about are:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Family Events | <input type="checkbox"/> Assemblies      | <input type="checkbox"/> Library            |
| <input type="checkbox"/> Fundraisers   | <input type="checkbox"/> Grant writing   | <input type="checkbox"/> Computer Lab       |
| <input type="checkbox"/> In classroom  | <input type="checkbox"/> Parent Outreach | <input type="checkbox"/> Enrichment classes |

### 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 grant writing experience)?

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### 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 Festival      | <input type="checkbox"/> Website                 | <input type="checkbox"/> Multi-Cultural Night      |
| <input type="checkbox"/> Room Parent        | <input type="checkbox"/> Holiday Gift Shoppe     | <input type="checkbox"/> Bunny Hop                 |
| <input type="checkbox"/> Yearbook           | <input type="checkbox"/> Cookie Dough Fundraiser | <input type="checkbox"/> Translating               |
| <input type="checkbox"/> El Sobrante Stroll | <input type="checkbox"/> Book Fair               | <input type="checkbox"/> Teacher Appreciation Week |

### 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 I can be of any help or if you have any of your own ideas for getting involved.

Contact: **Lydia Steinauer** at [Lsteinauer@sbcglobal.net](mailto:Lsteinauer@sbcglobal.net) or (415) 350-2434