



# MISSION DOLORES ACADEMY Volunteer Form

## Contact Information

Please fill out one pledge form per family.

PARENT/GUARDIAN NAME(S)

RELATIONSHIP(S)

ADDRESS

EMAIL

PHONE NUMBER

CHILD'S NAME

CLASS / GRADE

CHILD'S NAME

CLASS / GRADE

CHILD'S NAME

CLASS / GRADE

CHILD'S NAME

CLASS / GRADE

Yes, please contact me with more information about the TigerPAC!

PLEASE COMPLETE  
THIS VOLUNTEER  
SHEET, then return it  
to school with the  
Wed. folder or to the  
front desk.

## 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"/> Plumbing      | <input type="checkbox"/> Carpentry        |   |                                       |

### 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, contractor/maintenance skills)?

### 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"/> Cultural Events       | <input type="checkbox"/> School Fundraisers | <input type="checkbox"/> Family Nights | <input type="checkbox"/> Classroom Assistance |
| <input type="checkbox"/> Fundraising Committee |   |  |   |

### 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 you have questions or if you have any of your own ideas for getting involved. Call the front desk or contact **Sadie Grice** at 415-756-0162 or [sadiegricesfo@aol.com](mailto:sadiegricesfo@aol.com).