

## THE VOLUNTEER COMMITMENT FORM 2016-2017

*The consistent involvement of families (parents, grandparents, Aunts, or Uncles) in the school ensures that the students experience the best education possible. These commitments from us, the school community, also keep costs contained. We all have the responsibility of raising over \$130,000 during the school year.  
All families are needed to ensure our success!*

Please circle your choice of Volunteer Plan 1, Plan 2 or Plan 3:

### **PLAN 1 - Lunch program volunteers**

Weekly commitment with approximate hours of 11AM – 1PM  
Please **circle** your choice (please give 2 options if possible):  
Monday    Tuesday    Wednesday    Thursday    Friday

### **PLAN 2 - Scrip Purchase AND Volunteer at 1 Event (Circle event below)**

#### **GROCERY GIFT CARDS (SCRIP)**

The minimum purchase is **\$150** per month for the school year (10 months) of Grocery Scrip.

If you would prefer a larger monthly amount, please circle your choice:    **\$200**    **\$300**    **\$400**    **\$500**    **\$600**

Circle store choice:                      **Shoprite**    **Acme**

Check here to add Scrip charge to your FACT Tuition Account. *Scrip will arrive approx. 2 wks after payment.*

Check here to receive monthly reminders to send in payment

### **PLAN 3 - EVENT VOLUNTEER (Circle a minimum of 2 events)**

- |                                |                                |
|--------------------------------|--------------------------------|
| ⇒ Craft Fair (November)        | ⇒ Santa Secret Shop (December) |
| ⇒ Fish Fry (Ash Wednesday)     | ⇒ Quizzo Night (Winter)        |
| ⇒ Golf Tournament (April 29th) | ⇒ Mother Son Event (Winter)    |

### **Plan 4 - Opt Out**

I cannot support the school with the gift of my time.    I would like to donate \$300.

Please add this amount to my FACTS Account.

Please bill me.

If you are unable to fulfill your selected Plan contact the front office so you can choose a new one.  
Please keep a copy for your records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please Print Name of Parent/Guardian

\_\_\_\_\_  
Name of Youngest Student

\_\_\_\_\_  
Grade for 2016/2017 School Year

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number