

Volunteerism at Steppingstone School

ADMIN:REGISTRATION PACKET:2025-26:Reg 25 - Volunteers & SPARC (print on ORANGE)

SPARC

(Steppingstone Parent Advocacy Resource Coalition)

STUDENT NAME: _____

FIELD TRIP DRIVERS: Watch for FIELD TRIPS in your weekly electronic NEWSLETTER. Adults who plan to drive for any Steppingstone function must sign* the following statement and provide driver information for our insurance company:

_____ I would like to drive for Field Trips

_____ I have not been convicted of any moving violations in the past five (5) years.

NAME _____ MI LICENSE # _____

AUTO INSURANCE CO _____ POLICY # _____

* SIGNATURE _____ DATE _____

NAME _____ MI LICENSE # _____

AUTO INSURANCE CO _____ POLICY # _____

* SIGNATURE _____ DATE _____

VOLUNTEER ASSISTANCE: I would like to volunteer to organize or assist with the following ...

_____ VIDEOTAPING _____ PHOTOGRAPHY _____ Join SPARC Steering Committee
_____ Event SETUP/CLEANUP _____ MAILINGS _____ ANNUAL GIVING
_____ Community Events such as Plymouth Fall Fest, Pumpkin Palooza, Scarecrows in the Park, etc.

ADVOCACY: I can help advocate for the school in the following way(s) ...

_____ Attend CHAMBER Mtgs _____ Assist with SPARClers (Parent Seminar Series)
_____ Write TESTIMONIALS for Website _____ Post Events on SOCIAL MEDIA such as Facebook
_____ DISTRIBUTE PROMOTIONAL MATERIALS at Libraries, Bookstores, Pre-schools, Pediatricians, Psychologists, Realtors and other sites likely to be visited by parents

AUCTION: I can help with our only fund-raiser in the following way(s) ...

_____ Secure DONATIONS and/or SPONSORSHIPS _____ SETUP and/or CLEANUP
_____ Obtain Keepsake Catalogue ADS _____ Join the STEERING COMMITTEE
_____ Prep and/or Wrap Baskets & Other Donations

OTHER: Additional way/s I can help _____

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PUBLICATION OF CLASS LIST & STUDENT DIRECTORY

Participation in this publication is voluntary; therefore, you will NOT be included unless you sign the following statement:

"I would like the following information published in a Steppingstone Directory Listing:"

_____ Child's name and age _____ Parents' names _____ Cell phone

Signature of Parent/Guardian _____ Date _____