

# **VOLUNTEER HOUR REQUIREMENT FOR CAREY SCHOOL PARENTS**

## **HOURS REQUIRED**

Each Carey school family is required to donate **15** hours of their time during the school year in order to support the activities of the Carey School Parent's Association. The breakdown of these hours and the exceptions pertaining to them are as follows:

**10 HOURS** - At least 10 of the 15 hours must be in support of CSPA fundraisers (Careyfest and/or the annual Auction) or other CSPA approved revenue generating activities (for example, E-scrip solicitation).

**EXCEPTION:** Any hours put towards a classroom's Auction project will count towards these 10 hours.

**5 HOURS**- The remaining 5 hours may support the above events OR any other CSPA activities (Back to School Night, Claire Carey Willard Art Week, Spaghetti Dinner, etc.) for which volunteers are needed.

**EXCEPTION:** Any of the following duties performed during the school year will provide you with an exemption from these 5 hours:

- a. Room Parent
- b. CSPA Committee Chair
- c. CSPA Officer
- d. Member of Board of Trustees

## **REPORTING VOLUNTEER HOURS**

A form is attached for you to report your volunteer hours after they occur. Complete the form and turn it in to the CSPA box in the main office. Halfway through the year, the Volunteer Coordinator Chair will provide a status report to the community on volunteer hours served.

## **IF YOU CANNOT FULFILL YOUR HOURS**

If you cannot fulfill your 15 hour requirement, you can opt to contribute \$35 per uncommitted volunteer hour to the school.

## **VOLUNTEER TRACKING PERSON**

This year's Volunteer Tracking Person is Laura Ma. You can contact her directly via email ([bibiju@gmail.com](mailto:bibiju@gmail.com)).

# THE CAREY SCHOOL VOLUNTEER REPORTING FORM

Child's Name \_\_\_\_\_  
(please enter your oldest child enrolled at Carey)

Class \_\_\_\_\_  
(grade and teacher)

Volunteer's Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

E-mail Address \_\_\_\_\_  
(if available, an e-mail verification can be sent back to you)

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

Volunteer Work Description \_\_\_\_\_

Hours Worked \_\_\_\_\_  
(revenue-generating **MINIMUM OF 10**)

Hours Worked \_\_\_\_\_  
(**Other CSPA Events MAXIMUM 5**)

Please return the completed form to the office.