



## Just 2 Hours!

Dear Parents,

If we can get every MRI and MMS parent to commit Just 2 Hours to helping out, we can do amazing things for our kids and our school.

*Will you please take the 2 Hour Involvement Pledge?*

We are using a program called 2 Hour Power that emphasizes that all help, any help, makes a huge difference for schools. The research is so clear – kids at schools with a broad base of involved parents perform markedly better on all kinds of key school measures.

As you'll see from the enclosed Interest Survey & Pledge Form, we'd love to help you get involved in any way that works for your schedule and interests. What would you like to do? When would you like to do it? We'd like to work with you to make sure all parents can pitch in. Involvement is for everyone.

**We'd love your 2 Hours, and --Really! We promise! – there's no obligation beyond helping out in this small, but important way.** If you'd like to do more – great, but we know that's not a fit for everyone.

Participating in our 2 Hour Power program is easy. Simply complete the enclosed Interest Survey & Pledge Form or complete it online. Fill out the background check forms, and read and sign the enclosed orientation information. Bring the completed forms to the school office. We'll then be in touch with opportunities that fit your interests and availability.

Together, we can make a huge difference at our school! As always, please feel free to call or email if you have any questions or concerns.

Thanks in advance,

Melissa Withers  
Volunteer Chair, PT SO  
972-837-4530  
[mwithers@melissaisd.org](mailto:mwithers@melissaisd.org)



**A Volunteer Pledge Program**  
FROM **PTOtoday**



# 2 Hour Power Pledge Sheet

## Contact Information

Please fill out one pledge form for each parent/guardian in your family. Even easier—visit our PTO Manager page on the web at [ptomanager.com](http://ptomanager.com), click **register**, enter **Melissa Ridge Intermediate** as the school, and complete entire form online!

\_\_\_\_\_  
PARENT/GUARDIAN NAME RELATIONSHIP

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER EMAIL

\_\_\_\_\_  
CHILD'S NAME CLASS / GRADE CHILD'S NAME CLASS / GRADE

\_\_\_\_\_  
CHILD'S NAME CLASS / GRADE CHILD'S NAME CLASS / GRADE

Yes, please include me in the school directory!

## 2 Hour Power Pledge

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



## Volunteer Interests & Availability

### 1. The Types of Opportunities I'm Most Interested In Are:

- Family Events     Fundraisers     One-time Projects     In Classroom  
 Office Help     Outdoor Projects     Teacher Appreciation     Lunchtime Office Help

### 2. Is there a specific function or activity you would like to volunteer your time?

(Please refer to attached calendar and/or check all that apply below)

\_\_\_\_\_  
\_\_\_\_\_

### 3. I'd Be Interested in Helping With the following activities and/or committees already scheduled for the current school year.

- Melissa Ridge Race     Box Top for Education     Mentoring     Parties/Feasts  
 Luncheons     Field Trips     Library Aide     Dances

### 4. The Days, Times and Types of Activities Best For Me Are: (Please check all that apply)

- The School Day     At School     Weekday Evenings  
 After School     From Home     Weekends

## Have Questions?

Please call or email if we can be of any help or if you have any of your own ideas for getting involved. Contact: [Melissa Withers](mailto:Melissa Withers) at 972-837-4530 or email her at [mwithers@melissaisd.org](mailto:mwithers@melissaisd.org).

# CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK AND ADVISING OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

I, \_\_\_\_\_, am an applicant for Volunteering with the Melissa Independent School District. I have been advised that as a part of the application process, the District conducts a criminal history background check.

I, \_\_\_\_\_, do hereby consent to the District use of any information provided during the application process in performing the criminal history background check.

I have been informed by the District that I have the right to review and challenge any negative information that would adversely impact the District's decision to accept my Volunteer application. I have also been advised that the District will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the District.

The District has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. I will be provided the name, address and telephone number of the reporting agency as well as the nature and substance of all information and the source.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
District Representative

Last Name:

Maiden Name

and/or Other  
Names Used:

First Name:

Middle Initial:

\* City:

\* County:

\* State:

**Date of Birth:**

**Social Security  
Number:**

List Previous Addresses as far back to when you were **18 years of age**:

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*City*                      *State*                      *County*                      *Date From*                      *Date To*

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*City*                      *State*                      *County*                      *Date From*                      *Date To*

---

*City*                      *State*                      *County*                      *Date From*                      *Date To*

---

*City*                      *State*                      *County*                      *Date From*                      *Date To*

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*City*                      *State*                      *County*                      *Date From*                      *Date To*

\* As Shown on Previous Volunteer Application(s) if applicable