



2022-2023 DREAM Technical Academy Power Hour Survey

We are asking parents/guardians to commit to 2 hours of volunteering this year. Please select a couple of areas that you would be willing to help with throughout the school year.

PARENT/GUARDIAN NAME

PHONE NUMBER

EMAIL

Volunteer Interests & Availability

1. The types of opportunities I'm most interested in re:

- | | | | |
|--|---|--|--|
| <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"/> Lunch Help | <input type="checkbox"/> Chaperoning Trips |

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)?

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).

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|--|--|--|---------------------------------------|
| <input type="checkbox"/> Open House | <input type="checkbox"/> Registration Night | <input type="checkbox"/> Prom | <input type="checkbox"/> School Dance |
| <input type="checkbox"/> Drama/Theater | <input type="checkbox"/> Walking in parades | <input type="checkbox"/> Manage a marketing booth at an event | |
| <input type="checkbox"/> Poetry Slam Events | <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> Curriculum Committee | |
| <input type="checkbox"/> Fine Arts Night | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Operation Committee | |
| <input type="checkbox"/> Website Design | <input type="checkbox"/> Graduation | <input type="checkbox"/> Transportation for student activities | |
| <input type="checkbox"/> Climate and Culture Committee | <input type="checkbox"/> Offer a short seminar or presentation | <input type="checkbox"/> Local Advisory Council | |

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 we can be of any help or if you have any of your own ideas for getting involved.
Contact: Dream Staff

willmar@technicalacademies.org or call 320-262-5640