

LUCY N. HOLMAN

H.O.P.E. MEMBERSHIP FORM

\$10 for Family Membership, \$5 for Teacher Membership

The H.O.P.E. organization values the support of our families to help enhance the experience for students and the Lucy N. Holman School. We encourage and welcome all new ideas, and recognize the commitment of individuals to support H.O.P.E. sponsored events. By becoming a H.O.P.E. member you therefore agree to the following Code of Ethics:

Board members, committee members, and volunteers shall:

- 1) *Read, understand, and follow all provisions of the Bylaws;*
- 2) *At all times act in the best interest of the H.O.P.E. organization;*
- 3) *Foster an inclusive environment toward the shared, common goals;*
- 4) *Be respectful to fellow members and volunteers;*
- 5) *Attend and actively participate in events for which they have volunteered;*
- 6) *Advocate for the mission of H.O.P.E. and share the mission and vision with others; and*
- 7) *Feel empowered to raise any concerns or issues to the board, at any time*

Name: _____

Email: _____

Phone number: _____ (optional)

Holman Student Class Teacher(s): _____

I'd like to help with (choose any/all):

- | | | |
|--|--|--|
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Winter Festival | <input type="checkbox"/> Trunk or Treat |
| <input type="checkbox"/> March Madness | <input type="checkbox"/> Candy Bingo | <input type="checkbox"/> Staff Appreciation Week |
| <input type="checkbox"/> Holiday Shop | <input type="checkbox"/> Book Fair Volunteer | |

I am not able to volunteer at this time, but please accept my one-time donation of:

_____ \$10 _____ \$25 _____ \$75 _____ \$100

For more information please email: hope@jacksonsd.org

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