

**Spring Avenue PTO
Spring Cares Committee**

Initial Questions for the Family Contact Person

Name of Family: _____

Contact Person for the family: _____

Contact Person relationship to family: _____

Contact Phone & E-mail: _____

Type of help needed:

- meals
- car pools
- laundry

Duration of help: _____

Children in the family (name, grade, teacher):

For Meals:

How many meals per week? (i.e. daily, every other day)

What time of day should meals be dropped off?

Do volunteers need to contact family before dropping off? Or will there be a cooler or box to drop off the food?

Where should meals be dropped off?

What types of food does family prefer (specifically the kids)?

What types of food does the family dislike?

For Car Pools:

How often will the family need rides for the children?

What activities do they need rides to/from?

Are there other families that we can contact who participate in activities with the children to help with carpooling?

What is the schedule of the children's activities?

Are the children signed up for homework club at Spring? If so, will they need rides home?

For Laundry:

How often will the family need laundry done?

Where will the volunteer pick up the laundry?

Where will the volunteer drop off the laundry?

Additional information:

How much privacy is needed for the family and the children?

Should the children's teachers should be informed about the family situation?

Will the family handle communication directly with the school?

How comfortable is the family with a large pool of volunteers? Would they prefer volunteers from the children's grade levels?

Is there any additional information that the family would like us to know?