



**Please submit a separate form for each
volunteer position. Make copies of form as
required**

203-2101 Holdom Ave. Burnaby, BC, V5B 0A4

**School Grandparent Program
Volunteer Renewal & Request Form**

School _____

Contact Name _____ Contact's Position _____

Email address _____ Tel _____ Fax _____

Street Address _____

When do you require a volunteer?

Monday AM

Tuesday AM

Wednesday AM

Thursday AM

Friday AM

Flexible

Monday PM

Tuesday PM

Wednesday PM

Thursday PM

Friday PM

Briefly describe the volunteer assignment _____

Are there any Volunteer Grandparents currently placed in your school? Yes No

If yes, provide the name of the volunteer(s) _____

Other information you would like to include _____

Signature

Date

Please fax to: Volunteer Grandparents @ 604.294.6814