



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

School Grandparent Program Volunteer Request Form

School _____

Contact Name _____ Contact's Position _____

Email address _____ Tel _____ Fax _____

Street Address _____

When do you require a volunteer?	Monday AM	<input type="checkbox"/>	Monday PM	<input type="checkbox"/>
	Tuesday AM	<input type="checkbox"/>	Tuesday PM	<input type="checkbox"/>
	Wednesday AM	<input type="checkbox"/>	Wednesday PM	<input type="checkbox"/>
	Thursday AM	<input type="checkbox"/>	Thursday PM	<input type="checkbox"/>
	Friday AM	<input type="checkbox"/>	Friday PM	<input type="checkbox"/>
	Flexible	<input type="checkbox"/>		

Briefly describe the volunteer assignment _____

Other information you would like to include _____

Signature

Date

Please fax to: Volunteer Grandparents 604-294-6814