



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