

REQUEST FORM

SCHOOL VOLUNTEER

Extract From Policy

"1. b) (i) Where the services of volunteers from the community shall be used for an extended period of time, the Principal shall receive authorization from the Director (or his/her designate)."

Name of School \_\_\_\_\_

Permission is requested to have

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ assist \_\_\_\_\_ Grade(s) \_\_\_\_\_  
(name of teacher)

Describe, specifically and accurately, the type of role to be undertaken by the School Volunteer:

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Number of days the Volunteer will be in the school \_\_\_\_\_

DATES AND TIMES when the Volunteer will be in the school:

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It is understood the Principal's request shall be considered as an endorsement of the person concerned.

Date \_\_\_\_\_ Principal's Signature \_\_\_\_\_

NOTE: A decision concerning your request will be made and forwarded to you.

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Permission \_\_\_\_\_ granted to have the above mentioned Volunteer assist in your school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director or Designate