



POLICY NUMBER:	APP.A.GSA.E.9	APPROVAL DATE:	LAST REVISED:
		March 6, 2000	March 6, 2000

TEACHER VOLUNTEER SURVEY

Name: _____ **Grade:** _____ **Date:** _____

Please complete this survey. This information will be used to match potential volunteers to your specific needs.

I do not wish to use volunteers in any capacity.

I need someone who would be willing to:

- read with students
- assist students as they write
- script student writing
- assist with lunch supervision
- create classroom materials
- assist on classroom field trips
- create bulletin board displays
- other

Indicate the time commitment that would be required. Please specify.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Other					

Starting Date: _____ Completion Date: _____

This information is being collected pursuant to the provisions of the Municipal Freedom of information and Protection of Privacy Act, and under the authority of the Education Act. Information from this form will become part of the procedure for Volunteer Programs in our schools and will be used by the principal for

administration purposes. The contact person for enquiries concerning this information is the principal of the school.