

## PARENT VOLUNTEERS

Please return this form to the School Office.

<b>Parent's name:</b>	<b>Contact details:</b>	
	Home:  Mobile:	
<b>Child/ren's name(s):</b>	<b>Child/ren's class(es):</b>	
<b>Please tick <input checked="" type="checkbox"/> as appropriate:</b>		
<input type="checkbox"/> I would like to help on a regular basis <input type="checkbox"/> I cannot help every week but I would be able to come in sometimes <input type="checkbox"/> I have previously completed an induction interview with the Head Teacher		
<b>I am available at the following times:</b>		
<input type="checkbox"/> <b>Monday</b> morning <input type="checkbox"/> <b>Tuesday</b> morning <input type="checkbox"/> <b>Wednesday</b> morning <input type="checkbox"/> <b>Thursday</b> morning <input type="checkbox"/> <b>Friday</b> morning <input type="checkbox"/> <b>Monday</b> afternoon <input type="checkbox"/> <b>Tuesday</b> afternoon <input type="checkbox"/> <b>Wednesday</b> afternoon <input type="checkbox"/> <b>Thursday</b> afternoon <input type="checkbox"/> <b>Friday</b> afternoon		
<b>The kind of activities I would most like to help with are ...</b>		
<input type="checkbox"/> helping children with their reading	<input type="checkbox"/> going on school trips and visits	<input type="checkbox"/> other <i>please specify below</i>