## **Volunteer Request Form for Pacifica Teachers/Schools 2015-2016**



Date:		Volorileers
Contact Information:		
Teacher/Contact Name	School	Grade
Email Address		Contact Phone Number
1. Would you like a Weekly Comn	nunity or College classroom volunteer?	
Adult volunteers can work one-on-on	e or in small groups giving special attention	to students struggling with the curriculum. They
		us know if your classroom needs volunteers with
any special skills or subject matter exp		
Please indicate specific days and ti	imes you would like volunteers:	
Days:	Times:	Subject/Activity
i.e. Monday, Wednesday	9:15 – 11:00	language arts, math
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2 Would you like a High School V	olunteer to help in your classroom?	
	<u> </u>	They are typically available Wednesdays ofter 1:20
=	• •	They are typically available Wednesdays after 1:30
and Mondays, Tuesdays, Thursdays &	Fridays after 3:00 pm. Please maicate spe	ecific days and times you would like volunteers:
Days:	Times:	Activity
i.e. Wednesday	1:30	marking, classroom prep
ŕ		
3. Do you have a returning PSV vo	olunteer?	
or polyton marc a recomming root as		
Name of Volunteer	Days &Times:	Requested Start Date
i.e. Jane Brown	Mondays 9 – 11am	Sept. 15th
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Please return completed forms to our PSV Office – LMEC, or fax 650-898-1543, or send scanned pdf via e-mail to psv@pacificasd.org as soon as possible. Thank you for your interest.