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| --- | --- |
| **PARENT/CARER NAME:** |  |
| **CHILD/RENS YEAR GROUP:** |  |
| **REGULAR VOLUNTEERING** **SUGGESTED DAYS/TIMES AVAILABLE:**  | **Please tick**  |
| 8.55am – 9.25am either Monday, Tuesday or Wednesday.  |  🞏 If yes, please specify day preference. |
| Monday, Tuesday, Wednesday or Friday morning.  |  🞏 If yes, please specify day preference. |
| Monday-Friday afternoon.  |  🞏 If yes, please specify day preference. |
| **YEAR GROUPS MOST KEEN TO SUPPORT:** |  |
| **YEAR GROUPS WOULD RATHER NOT SUPPORT:** |  |
| **ACTIVITIES INTERESTED IN SUPPORTING:** | 🞏 1:1 Reading (weekly) 🞏Help in class (weekly) 🞏 Food Tech/DT e.g. sewing/cooking (when required) |
| **INTERESTS/SPECIAL SKILLS WHICH WOULD ENRICH THE SCHOOL CURRICULUM ON AN AD HOC BASIS:** | Eg: IT skills, French speaking, cookery, art and design, musician, scientist etc. |

Thank you for completing the Volunteer Questionnaire. Please return to the School Office.