

# ST Joseph's CATHOLIC PRIMARY SCHOOL

## VOLUNTEER IN SCHOOL WRITTEN REQUEST FORM



Name																		
Child(ren)'s name(s) and current class																		
Address																		
Telephone No																		
Email																		
In what capacity are you able to support teaching and learning? (Please circle)	Reading	Writing	Maths	ICT	Science	PE	Cooking	RE	History	Art	Geography	Design Technology	Sewing/craft	Library	Swimming	Lunchtime club	After School club	Other
How many hours a week are you <i>regularly</i> able to support teaching and learning? (Please circle)	0	1	2	3	4	5	more											
Days available (Please tick)	Mon am	Mon pm	Tues am	Tues pm	Wed am	Wed pm	Thurs am	Thurs pm	Fri am	Fri pm								

I have read the Volunteer's handbook and Safeguarding policy.  
I understand this role requires a DBS check.

Signed .....

Date .....

### FOR OFFICE USE ONLY

Safeguarding Policy issued .....

Volunteer Handbook issued .....

Assigned to class .....

DBS online log in forwarded.....

DBS check certificate number registered.....

Please return this sheet to the school office marked 'Volunteers in School' FAO: Mr J Willcox