

**Anacortes School District 09-10  
VOLUNTEER REQUEST FORM**

School/Site: \_\_\_\_\_

Request Date: \_\_\_\_\_

Requested by: \_\_\_Teacher \_\_\_Staff \_\_\_Counselor \_\_\_Parent \_\_\_Other

Requestor's Name: \_\_\_\_\_

Requestor's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Preference – Email or phone? \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ EXT: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

Specific REQUEST and background info: (reading tutor, health room assistant, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Day(s) of Week help needed: \_\_\_\_\_ Time(s) of Day \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Arrangements: If before /after school, who will transport to /from school? \_\_\_\_\_  
(Please list driver name not just mom, dad, grandfather, etc.) NAME

*Send form to Jayne Branch, ASD Central Office, 2200 M Ave., Anacortes or FAX to 360-299-4822*

DATE	FOLLOW-UP INFO: (for Volunteer Staff use only)

Volunteer Name \_\_\_\_\_ Start Date: \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_  
Placed by: \_\_\_\_\_ (Staff or VISTA/AmeriCorps member name)

