

# VIPS REQUEST FORM

Today's date: \_\_\_\_\_

Staff member's name: \_\_\_\_\_

Number of volunteers needed: \_\_\_\_\_

Please check type of assistance needed:

- |  |  |
|--|--|
| <input type="checkbox"/> Tutor                 | <input type="checkbox"/> Translator    |
| <input type="checkbox"/> Classroom Aide        | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Materials Preparation | <input type="checkbox"/> Other _____   |

Describe duties to be performed.

Date(s) needed \_\_\_\_\_

Time(s) needed \_\_\_\_\_

Where needed \_\_\_\_\_

**Please return to volunteer coordinator.**

*Following to be completed by volunteer coordinator:*

<b>Volunteer(s) assigned:</b>	<b>Volunteer's phone if permitted:</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Copy sent to teacher (circle one):**      **Yes**      **No**