Helping Hands Volunteer Request Form

Teacher Name: _____

Grade/Subject: _____

Contact Information (email or phone): _____

Date Submitted: _____

Completion Date Requested: _____

Type of Job (please check all that apply)

- ○ Cut lamination
- ○ Organize school supplies
- ○ Staple materials
- ○ Organize academic activities by skill
- ○ Sharpen pencils
- ○ Other: _____

Written Instructions (Please describe your request in detail, including quantities, grouping, order of completion, or any special notes.)

_____
_____
_____
_____
_____
_____

For Volunteer Use Only

Volunteer Name: _____

Date Completed: _____

Notes:_____