



Berkeley Public Education Foundation
Berkeley School Volunteers

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www.bpef-online.org

Volunteer Request Form
2009-2010

CONTACT INFORMATION (fields with an *asterisk* are REQUIRED; please print legibly for our records):

*First Name _____ *Last _____

*School _____ *Position Title _____

School Telephone _____ Home/ Cell Telephone _____

***Email:** _____

VOLUNTEER PLACEMENT INFORMATION

Date of Request _____ *Grade level(s) _____ *Subject(s) _____

Have you had BSV volunteers in the past? Yes No

In the first week of placement, can you provide the following to the volunteer?

Discussion of expectations	Yes	No
Classroom Rules	Yes	No
Introduction to students	Yes	No

***SCHEDULING:** Please specify days and times when **you need volunteers**
 (mark an X to indicate need or list specific times in boxes):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Lunchtime					
After School					
Anytime					

*** TYPE OF ASSISTANCE NEEDED (Please check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Library |
| <input type="checkbox"/> Arts: _____ | <input type="checkbox"/> Music Instruction |
| <input type="checkbox"/> Classroom Assistance | <input type="checkbox"/> Playground Assistance |
| <input type="checkbox"/> English Language Learners | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Gardening/Cooking | <input type="checkbox"/> School Office |
- Tutoring: Subject _____
- Other (please specify) _____

In your classroom do you have/anticipate having any of the following students:

ELL students? Yes No
 Special Education students? Yes No

Please submit this form to Berkeley School Volunteers by fax or district mail and we will contact you when there is a volunteer to match your needs. If you have any questions, please contact us @ the information above ↑