



GONZAGA MIDDLE SCHOOL

Changing Lives – Fulfilling Potential

Volunteer Information Sheet

Name: _____

Phone #: _____

Address: _____

Postal Code: _____

Cell #: _____ Email address: _____

Contact Information:

- Student: where? _____
- Employed: where? _____
- Criminal Record Check: Attached In process

What area would you like to be involved in at the school?

- After school enrichment program
- Breakfast/lunch/snacks supervision
- Field trips
- Tutoring
- Coaching
- Classroom support
- General availability for needed tasks

Any skills you would like to offer at our school

Is this for Community Service hours? If so, for who?

Availability:

Internal Office Use:

Meeting Date: _____