If you are available to assist with school events, please complete and return to us.

Name of Volunteer…………………………………………………………………………………………………

Tel No……………………………………… email……………………………………………………………………

Name of Son/Daughter…………………………………… Class……………………………………
Name of Son/Daughter…………………………………… Class……………………………………
Name of Son/Daughter…………………………………… Class……………………………………
Name of Son/Daughter…………………………………… Class……………………………………

Please tick in which area you can offer help. If we can use your help, we will contact you at the appropriate time to discuss your availability.

☐ Being on the TISPA Committee

☐ Assisting TISPA organized events in the school
  ☐ Daytime  ☐ Evening  ☐ Weekend  ☐ Anytime

☐ Assisting with school fundraising events
  ☐ Daytime  ☐ Evening  ☐ Weekend  ☐ Anytime

☐ Assisting with bake sale

☐ Can your business/company or workplace support the school? Will it occasionally sponsor, donate prizes or help in some other way. Please complete the information below if you would like to discuss this further.

Name of Company………………………………………………..Contact No…………………………
Position…………………………………………………………Email……………………………………

☐ Any other skills or activities you can offer (please elaborate)
  ……………………………………………………………………………………………………………………………
  ……………………………………………………………………………………………………………………………
  ……………………………………………………………………………………………………………………………

THANK YOU VERY MUCH