

SNACK SHACK VOLUNTEERS FOR 2024

Your name: _____ Child's Name: _____

Child's current class (2023): _____ Contact number: _____

Please tick all relevant boxes:

- I am already a current volunteer and would like to continue in 2024.
- I am new to volunteering and would like to help on the following day (of the month)
- I have a valid Working with Children's Check
- I do not have a valid Working with Children's Check and will complete a Declaration for Child-Related Workers
- I can provide evidence to the school office prior to volunteering in the canteen

Please tick box below that best suits you.

	1st	2nd	3rd	4th	5th
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Please return to the canteen or via the school office