

Volunteer Information Sheet

Name:	
Address:	
Telephone number:	
Email address:	
What skills/areas would you like to help with in school?	
What days of the week or hours would you like to volunteer?	
Are there any particular age groups you would like to work with?	
Do you have any disabilities/ other needs (including pregnancy) that we need to take into account when working as a volunteer in school?	
Signed:	
Date:	

Please hand this form into the School Reception or email it to General@mayfield.portsmouth.sch.uk

We will be in touch with you shortly.