

# REQUEST FOR VOLUNTEERS

for Sonoma Valley High School - STAFF - 2010/11

TEACHER  
SUPPORT  
NETWORK



## REQUEST DEADLINE: ASAP

*(Please Print)*

### 1 TEACHER/REQUESTOR - CONTACT Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Miss / Ms / Mrs / Mr / Dr

Position Title \_\_\_\_\_ Subject \_\_\_\_\_

School Phone & Ext# \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

School E-mail \_\_\_\_\_ Do you check your e-mail daily? \_\_\_\_\_

Home E-mail \_\_\_\_\_ Which is the quickest way to reach you? \_\_\_\_\_

### 2 REQUEST Information

Today's Date \_\_\_\_\_ Room Number \_\_\_\_\_ Grade Level \_\_\_\_\_

Course Title \_\_\_\_\_ Description \_\_\_\_\_

Describe your in-class volunteer needs. List the tasks. Include type of experience needed. (Please give as much information as possible.)

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If you have multiple course requests, please fill out "Request Information" for EACH request and attach to this form.

How many volunteers would you like, per class period? \_\_\_\_\_

If a volunteer is not found until mid-semester, are you still interested in the placement?  Yes  No

Would a Spanish speaking Volunteer be essential?  Yes  No  Would be helpful

### Special Projects

Would you like a volunteer for a Special Project?  Yes  No How many volunteers? \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per week \_\_\_\_\_

Project description and tasks (If more space is needed use back of form): \_\_\_\_\_

### 3 SCHEDULE Information

Please fill out the attached "Schedule" form. (If you do not know the schedule, submit all other information. Provide schedule when known)

Would you like the volunteer to come:  Every week  Other, please specify \_\_\_\_\_

### 4 RETURN FORM

Please RETURN FORM TO:

SVEF, Atten: TSN Lynn Ross, PO Box 493, Sonoma CA 95476 -- Deadline June 30, 2010 (Priority). Will accept late submissions.

**Note:** We will try and match your needs, but we are dependent on the community resources available. You will be contacted when there is a volunteer match. For questions call: Lynn Ross at 996-4135 or e-mail, lynn@svtsn.org

Complete pages 1-3. If Schedule is not known, submit pages 1 & 2. Provide schedule when known.

# Schedule of Request: ✓ *Please-Check boxes of the days you will need a volunteer.*

*Indicate the number of volunteers per period.*



Course Title \_\_\_\_\_

Requestors Name \_\_\_\_\_

Complete a new form for EACH Course Title (ie: one for Algebra 1, another for Algebra 2)

**Period 0**       Mon       Tues       Wed       Thurs       Fri  
 # of Vol:      \_\_\_\_\_

**Period 1**       Mon       Tues       Thurs      \_\_\_\_\_  
 # of Vol:      \_\_\_\_\_

**Period 2**       Mon      \_\_\_\_\_       Wed      \_\_\_\_\_       Fri  
 # of Vol:      \_\_\_\_\_

**Period 3**       Mon       Tues      \_\_\_\_\_       Thurs      \_\_\_\_\_  
 # of Vol:      \_\_\_\_\_

**Period 4**       Mon      \_\_\_\_\_       Wed      \_\_\_\_\_       Fri  
 # of Vol:      \_\_\_\_\_

**Period 5**       Mon       Tues      \_\_\_\_\_       Thurs      \_\_\_\_\_  
 # of Vol:      \_\_\_\_\_

**Period 6**       Mon      \_\_\_\_\_       Wed      \_\_\_\_\_       Fri  
 # of Vol:      \_\_\_\_\_

**A+**       Mon      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Fri  
 # of Vol:      \_\_\_\_\_

**Tier 1,2,3**      \_\_\_\_\_       Tues      \_\_\_\_\_       Thurs      \_\_\_\_\_  
 # of Vol:      \_\_\_\_\_

**Tier 1,2**      \_\_\_\_\_       Tues      \_\_\_\_\_       Thurs      \_\_\_\_\_  
 # of Vol:      \_\_\_\_\_

**After School**       Mon       Tues       Wed       Thurs       Fri  
 # of Vol:      \_\_\_\_\_  
 time (ex. 3-4pm): \_\_\_\_\_

**Other**       Mon       Tues       Wed       Thurs       Fri       Sat       Sun  
 # of Vol:      \_\_\_\_\_  
 time (ex. 3-4pm): \_\_\_\_\_

# TEACHER RESPONSIBILITY

for the Volunteer Program



Please read, check the boxes and sign below.

Volunteers are a valuable resource in our community. TSN Volunteers serve in many capacities by contributing time, energy and talents while supporting the teacher and helping students. Teachers will have more time to do the critical tasks they need to do, once they have a volunteer settled in their classroom. A successful volunteer/teacher relationship requires planning, good communication and effective utilization of the Volunteer's time.

The Teacher/ Requestor agrees to the following:

## 1 COMMUNICATION

- Meet, phone or e-mail the Volunteer prior to day or time of assignment.  
(The purpose of this is to provide a smooth transition for the volunteer into the class experience or project. TSN will provide all contact information to all parties.)
- Communicate with Volunteer the following:  
Confirm start date, overview of Volunteer tasks and expectations, classroom rules, strategies and emergency procedures, etc.
- On the first day of class, introduce the Volunteer and communicate their role to your class.
- Give Volunteer feedback & get Volunteer feedback

## 2 SCHEDULE CHANGES

*TSN will match, schedule, provide contact information, fingerprint and give an orientation to the Volunteer. It is the responsibility of the Teacher to communicate schedule changes including:*

Teacher Conferences, STAR testing, Doctor appointments, holidays, illness or teacher work days.

- Contact your Volunteer prior to their arrival, if they are not needed for that day.
- Discuss alternate plans for the days you are absent and a substitute is in charge.

Teacher/Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:** I give my permission for any photograph of myself, obtained during volunteer activities, to be used for informational material for Teacher Support Network. Initial here X \_\_\_\_\_

If you have any questions please contact: Program Coordinator, Lynn Wirick Ross at 996-4135 or lynn@svtsn.org