

**Attachment 2 /2018**

**PARENT'S VOLUNTEER FORM**

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Day Time Contact Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**I will contribute to morning/afternoon tea on** (please circle appropriate tea and tick appropriate day)

- Monday 24/9/2018                       Friday 28/9/2018
- Tuesday 25/9/2018
- Wednesday 26/9/2018
- Thursday 27/9/2018

**I will assist in the provision of meals on** (please tick appropriate day/time) **including preparation beforehand.**

**Also required, are a minimum of 2 male & 2 females to sleep over with the children.**  
(Please advise your availability below)

<b>MEAL</b>	SUNDAY 23 September	MONDAY 24 September	TUESDAY 25 September	WEDNESDAY 26 September	THURSDAY 27 September	FRIDAY 28 September	
Breakfast							
MorningTea/ Provide food							
Morning Tea Help							
Lunch Help							
AfternoonTea/ Provide food							
Afternoon Tea Help							
Dinner Help							
<b>Sleepover Male/Female</b>							

**PARENTS ARE REQUIRED TO HOLD A BLUE CARD IF VOLUNTEERING FOR THE SLEEPOVER.**  
**BLUE CARD NO.....**

<b>Breakfast</b>	<b>6.30am – 8.30am</b>
<b>Morning Tea</b>	<b>10.00am – 11.00am</b>
<b>Lunch</b>	<b>11.30am-1.30pm</b>
<b>Afternoon Tea</b>	<b>2.30pm-3.30pm</b>
<b>Dinner</b>	<b>5.00pm- 7.30pm</b>

Parent's signature: \_\_\_\_\_