

VOLUNTEER REGISTRATION SHEET

School	Phone

Responsible Teacher _____

Fax _____

- Please note: 1. All shifts are first come first served. There is possibility of rotation within the positions or to other positions, and it may not satisfy your preferences.
 - 2. Please return via fax/email before December 5th, 2017. Fax number: 604-983-2795.
 - 3. We will confirm the registration by December 7th, 2017.
 - 4. <u>Please print your name clearly</u> and make a copy before use.
 - 5. Final registration will start in January

NAME OF STUDENT (First Name / Last Name / Phone / Email)	POSITION APPLIED FOR (please indicate: 1 st choice, 2 nd choice)	DATE	SHIFT (A, B or C)
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(First Name / Last Name / Phone / Email)	(please indicate: 1 st choice, 2 nd choice)		(A, B or C)