



BREAKFAST CLUB STUDENT VOLUNTEERS WANTED

Volunteer information

First Name:

Last Name:

Teacher:

Grade:

Age:

Date of Birth:

Home Phone Number:

Breakfast information

I am available to volunteer on the following days:

Monday

Tuesday

Wednesday

Thursday

Friday

I would like to help at Breakfast Club because:

Signatures:

Teacher's signature:

Parent's signature:

*Please return your completed form to:



MINISTRY OF SOCIAL
DEVELOPMENT
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