



Return this form to: coordinator@scveducationfoundation.org / 661-678-0429

Once there is a volunteer that matches your request, you will receive notification with details that include start date and volunteer contact information.

READ WITH ME! – Literacy Student Assistance Program Teacher Request for Volunteer Form 2018-2019

RWM volunteers receive a policy and guideline orientation prior to attending the first class. Teachers will need to provide the volunteer with materials and instructions as to what their duties are in the classroom.

1. Name: _____ Date: _____
2. School: _____ Room # _____ Grade _____
3. E-mail _____ Phone # _____

4. Please indicate the days when you would like a RWM volunteer.
Note the times you would like your volunteer to work during those days. The average shift runs 1 to 1 ½ hours.

Preferred Days	Preferred Hours to Work	Special Requests
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

5. If available, would you like a volunteer more than one day? Yes No
6. What are some of the language arts duties you would like the volunteer to take part in?

7. When would you like your volunteer to start? _____
8. Do you already have arrangements made with a previous volunteer? If so, please indicate the volunteer's name, assigned date/time, and start date.

9. Are there any special needs/comments?

Our volunteers join READ WITH ME! to work with the students. They know that an important aspect of this program is consistency. If they are unable to make their scheduled time, they are asked to call the school to let the teacher know. If you have any concerns regarding your volunteer, please contact us. Notify your volunteer if their assistance is not needed prior to that day.