

## Engadine West Public School - Canteen Volunteer Expression of Interest

*This information is kept confidential and secure unless otherwise noted*

Volunteer name \_\_\_\_\_

Best contact number \_\_\_\_\_

Email \_\_\_\_\_

Child(s) name \_\_\_\_\_ Year/ \_\_\_\_\_

### Day(s) available to volunteer (circle all that are applicable):

Monday

Tuesday

Wednesday

Thursday

Friday

### Frequency you would like to volunteer (circle applicable):

Once a week

Once a fortnight

Once a month

Once a term

Standby

Other: \_\_\_\_\_

### Shift preference (circle applicable):

Power Hour  
(1 hour)

Bakers  
(2 hours)

Prep  
(4 hours)

All day  
(drop off till 3pm)

Any special requests, such as being rostered with friends, particular dates available etc:

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