



# St. Mary Magdalen's Catholic Primary School

## SPECIAL SKILLS VOLUNTEER FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Tel No: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel No. \_\_\_\_\_

What skills / areas would you like to help with in school?

---

---

---

---

Please sign to confirm that you have read and understood the Volunteer Handbook and that you are making a commitment to come into school on a regular basis.

Signed:

Dated: