



195 State Street • P.O. Box 1410 • Springfield, MA • 01102-1410  
Phone 413-787-7015 • Fax 413-787-6609  
[www.springfieldschoolvolunteers.org](http://www.springfieldschoolvolunteers.org)

**VOLUNTEER REQUEST FORM**

Specific Need: (please select the type of volunteer you are requesting from the menu below)

\_\_\_ Early Elementary Reading Tutor  
(GRADES K-2)

\_\_\_ Middle School Reading/Writing Tutor  
(GRADES 6-8)

\_\_\_ Elementary Reading/Writing Tutor  
(GRADES 3-5)

\_\_\_ Middle School Math Tutor  
(GRADES 6-8)

\_\_\_ Elementary Math Tutor  
(GRADES K-5)

\_\_\_ Higher Level Math Tutor  
(GRADES 9-12)

Algebra I   Algebra II   Geometry   Calculus   Trigonometry  
(PLEASE CIRCLE ONE)

Other \_\_\_\_\_

Specific skills to be addressed by volunteer: \_\_\_\_\_

Student Information: (Required)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Teacher \_\_\_\_\_

Preferred day and time:

First Choice: \_\_\_\_\_  
(day) (time)

Second Choice: \_\_\_\_\_  
(day) (time)

REQUESTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**I agree to ensure that the volunteer will be provided with appropriate materials and guidance in order to maximize the time spent by the student(s) and volunteer(s).**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
SIGNATURE OF PRINCIPAL