

St. Ignatius Catholic School

Volunteer Request Form

Date of Request _____

Event _____

Date of Event _____

Time of Event _____

Event Location _____

Committee _____

HSA Sponsored or School Day Activity _____

SignUp.com link (Volunteer Coordinator) _____

Total Number of Volunteers requested _____						
Adult Volunteers # _____						
St. Ignatius Students # _____						
Grades (Please circle all that apply):						
Pre-K	K	1st	2nd	3rd		
4th	5th	6th	7th	8th		
Bishop Kelly Students # _____						

For Volunteer Coordinator:

Contacted	Date	Confirmed

Activity	Shift (time)	# Volunteers / shift	Adult or Student	Safe Environment Training Required?

St. Ignatius Catholic School

Volunteer Request Form

Donations Requested:

Name	Item	Amount	Value (if needed)	Date Required

Please send all information to Cindi Marcotte, St. Ignatius HSA Coordinator at:
Email: volunteer@stignatiusmeridian.org or randcmarcotte@aol.com
Phone/Text: 208-863-7267
Fax: 208-938-5068