



Greek Language School



Parent Volunteer Form (2016 – 2017)

Last Name:	
First Name:	
Address:	
Home Tel #	
Work Tel #	
Cell #	
Email:	
Occupation:	

Parent Volunteers are needed to assist with fund raising events and Yiortes. Parents will be asked for an additional \$50 cheque per family which will be returned at the end of the school year only for parents who volunteer. If parents are not able to volunteer a min. of eight hours, your cheque will be deposited towards the program.

Amount Paid: \$ _____ Cash / Cheque # _____
(Cheque payable to: Greek Community of Niagara)

Signature:

Date:

Received by: