

School Volunteer Program Request for Speaker

Please allow 3-4 weeks to process request!!

New requirement! Please submit all request by September 30.

If requests are received after this date, it may not be possible to fill them.

<u>Upon completion</u>: please return form to the School Volunteer Office via:

- EMAIL as an attachment to speakersbureau@gm.sbac.edu (Preferred Method)
- TRUCK MAIL to the Horizon Center

Best time to reach teacher: (Planning)	(Other)
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Best way to reach teacher: Phone/Cell:	Email:
Grade/Class: Total number of students for presentation	: Number of students per session
Subject requested (please be specific):	
Date requested (give range if possible):	
1 st Choice: 2 nd Choice:	3 rd Choice:
Day of week requested (list several if possible):	
1 st Choice: 2 nd Choice:	3 rd Choice:
Γime of day requested (give range if possible):	
1 st Choice: 2 nd Choice:	3 rd Choice:
Time allotted (length of presentation): Nur	mber of presentations requested:
Comments:	
Location of presentations: Classroom Centrum	
Session location: All in the same room (classes rotate) \square Properties Prope	resenters move from room to room
Thanks very much. We look forwar	rd to working with you!
Volunteer Office Use Only:	
Date received: Name of Speaker Con-	tacted:
Date(s) Speaker Contacted:	
Equipment Required or Special Needs:	
Comments:	