**OzHarvest FEAST Program Volunteer Request**

The FEAST practical lessons may require extra adult supervision in the classroom. Depending on your location, OzHarvest has FEAST ambassadors who may be able to work with your school*(NB we require 3 weeks' notice or organise an ambassador).*  Please email the completed to your State FEAST Coordinator or [FEAST@ozharvest.org](mailto:FEAST@ozharvest.org)

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| --- | --- |
| **School Name:** |  |
| **Teacher Contact Name** |  |
| **Contact email &/or mobile number** |  |
| **School Address and access information:**  (e.g. which complex/room, direction from main entrance) |  |
| **Documentation required**  **by school** | * *All volunteers must go directly to the school office when arriving at the school to sign in.* * *On the first visit volunteers must bring a copy of their WWCC and 100 points of ID with them* |
| **Numbers of classes** |  |
| **Number of students in each class** |  |
| **Date, time, no. of volunteers:** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Session** | **Day** | **Date** | **Class start & end time** | **# Volunteers required** | | **1** |  |  |  |  | | **2** |  |  |  |  | | **3** |  |  |  |  | | **4** |  |  |  |  | | **5** |  |  |  |  | | **6** |  |  |  |  | | **7** |  |  |  |  | | **8** |  |  |  |  | |
| **Any other information our ambassador should know about your school?** |  |
| **Date requested:** |  |