



Canadian Food for Children Dr. Simone Volunteer Program

I _____ have expressed a wish to attend and work at Dr. Simone's warehouse on _____

I have obtained approval from my teachers in advance to attend this work commitment under the supervision of Mr. Finamore, the St. Paul Chaplain and my classroom teacher. My teachers have signalled their approval by signing this form. Any signature obtained without authorization from my teacher will limit me from involvement in the future.

Periods	Class	Teacher
1		
2		
3		
4		

Approval from my teachers will be obtained before 8:20 on Thursday prior to the Friday in question. Teachers are asked to inform Mr. Finamore of any students for whom permission wont be granted.

