

PINELLAS COUNTY SCHOOLS
VOLUNTEER REFERRAL

TO: _____

DATE _____

FROM: _____

I am pleased to refer the following volunteer to you. My communication with the volunteer has been:

_____ over the phone _____ in person _____ by mail _____ by e-mail _____ from brochure

Mr./Mrs./Ms. _____

Phone: H: _____

Address _____

O: _____

Cell : _____

E-mail _____

He/she heard about the program

_____ from a friend

_____ through a newspaper article

_____ on radio

_____ on TV

_____ through a club

_____ from a business _____

Name of business or
community group

_____ website

_____ library

_____ Other _____

Please explain

This person is _____ a new volunteer with the school system. _____ a returning school volunteer.

PERSONAL DATA:

This volunteer expresses interest in the following volunteer opportunity: Tutor ____ Mentor ____

(____ Registered for workshop)

This volunteer expresses interest in the following school: ____ El. ____ Md. ____ High ____ Adult

ACTION:

_____ Please call the volunteer for appointment.

Best time to reach volunteer _____

_____ the volunteer will call you.

RESULTS * _____ This person became a volunteer. Registration form is attached.

_____ This person did not become a volunteer. Reason: _____

_____ I have been unable to reach this person by phone or email.

*** RETURN A COMPLETED FORM TO FAMILY & COMMUNITY RELATIONS (ADMIN BLDG)**