



KickStart

BREAKFAST

BREAKFAST CLUB VOLUNTEERS WANTED

Volunteer information

First Name:

Last Name:

Contact number:

Email:

Breakfast information

I am available to volunteer on the following days:

Monday

Tuesday

Wednesday

Thursday

Friday

Additional Comments eg times available

***Please return your completed form to:**

OFFICE USE ONLY:

Criminal check completed

Principal approval



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA