3211 Kenney Street, Terrace, BC V8G 3E9
Tel. (250) 635-4931 or 1-855-635-4931 · www.cmsd.bc.ca

First Nation Resource Centre - Hazelton

2725 Highway 62, PO Box 300, Hazelton, BC V0J 1Y0 Telephone: (250) 842-5214 Ext 3121

Role Model Request Form (two pages)

Part I - Request Form (completed by the teacher) and email to fnrc-h@cmsd.bc.ca

Teacher:	Phone	Local:	Room Number:
School:	Grade:		Number of students:
Theme/Subject:	Role Mo	odel Name: (i	f you have a specific request)
Expectations of Role Model al	oove and beyond the activity	<i>/</i> :	
Anticipated Activity:			
Date/Time Requested:		Date/Time Requested:	
Option 1:		Option 2:	
Principal's Signature:	I		
Part II - Confirmation (com	pleted by the Role Model	Coordinator)	
Role Model's Name:			
Prep Time Hours:	Class Time Hours:		Total Hours Worked:
Coordinator's Signature:			Amount (\$)
Part III - Payment Authoriz	ation (District)		
Approved by:		GL Code:	108-131-32000-51 *Procedures on reverse

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Procedures to book a Role Model

- A Teacher completes the top portion of the Role Model Request Form and gives or emails to the Role Model Coordinator for action
- B Coordinator contacts Role Model to arrange:
 - 1. Date and time verification
 - 2. Prep work required (if any)
 - 3. Materials required (if any)
 - who is purchasing materials if they are required?
 - keep all receipts
- C Does Role Model have transportation to the school?
- D Coordinator communicates information back to teacher after verification with the Role Model

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