



Coast Mountains Board of Education School District 82

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

First Nations Resource Centre - Terrace 3430 Sparks Street, Terrace, BC V8G 2V3 Telephone: (250) 638 6394

Role Model Request Form (*two pages*)

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

Teacher:	Phone Local:	Room Number:
School:	Grade:	Number of students:
Theme/Subject:	Role Model Name: (<i>if you have a specific request</i>)	
Expectations of Role Model above and beyond the activity:		
Anticipated Activity:		
Date/Time Requested:	Date/Time Requested:	
Option 1: _____	Option 2: _____	
Principal's Signature:		

Part II - Confirmation (*completed 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 Authorization (*District*)

Approved by: _____ **GL Code:** 108-131-3200-48

*Procedures on reverse



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