

DEPARTMENT OF EDUCATION

**REQUEST FOR HONORARIUM
CADS-PEI VOLUNTEER**

Approval is requested for a \$25.00 honorarium to assist a student with a disability on a school/class outing to Brookvale.

STUDENT'S NAME _____

SCHOOL _____

DATE AND DESCRIPTION OF OUTING _____

Sample

NAME OF VOLUNTEER _____

Principal

DEPARTMENT APPROVAL _____

**TO BE COMPLETED BY VOLUNTEER UPON COMPLETION OF OUTING
RETURN (FOR PAYMENT) TO:** Winnifred MacInnis, Student Services Division,
Department of Education, P.O. Box 2000, Charlottetown, PE C1A 7N8

NAME OF VOLUNTEER _____

MAILING ADDRESS _____

SIGNATURE _____

Principal