

OFFICE USE ONLY

Room #: _____

Day: _____ Time: _____

With child? Y N N/A

2010-2011 Religious Education Volunteer

OFFICE USE ONLY

Date Received: _____

Received by: _____

Security sent: _____

****Placement of volunteers is not guaranteed until confirmed by R. E. staff****

Name: _____

Address: _____ Apt. #: _____

City: _____ Zip Code: _____

Date of birth: _____

Home Phone:() _____ Work Phone:() _____

Cell Phone:() _____ E-Mail Address: _____

Are you a registered parishioner @ St. John Nepomucene Catholic Parish? Yes No

Date of registration: _____

I would like to volunteer as (circle one) ... Office aide childcare PreK K 1st 2nd 3rd 4th 5th The Edge

Sunday

_____ 9:00-10:15AM

Wednesday

_____ 7:00 – 8:15

I would like my child in my class: Yes No (please circle one)

Did you volunteer last year? _____ If so, in what department? _____

If you will need childcare, please list the names/ages of each child.

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____



PHOTO RELEASE

It is understood that while participating in the Religious Education program there will be photos taken throughout the R. E. year. Photos taken by the church will be used for St. John Nepomucene Catholic Parish purposes only and may be appear in print and on the St. John website. Please contact the R. E. Office directly if you do not give permission for your photo to be taken as described.

May God Bless your commitment to this special ministry!

****If you resign your position or fail to fulfill your obligation you will be required to pay for your student's religious education in full and priority placement is no longer available.***

I hereby give permission to the Religious Education Office Staff of St. John Nepomucene Catholic Church to seek emergency treatment for me until my emergency contact can be reached.

Volunteer's Signature: _____ Date: _____