

# Volunteer Application for Children's Faith Formation St. Albert the Great Church

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Please check the following areas of Children's Faith Formation you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> Wednesday Catechist                               | <input type="checkbox"/> Sunday Catechist                        |
| <input type="checkbox"/> Wednesday Aide                                    | <input type="checkbox"/> Sunday Aide                             |
| <input type="checkbox"/> Wednesday Nursery                                 | <input type="checkbox"/> Sunday Nursery                          |
| <input type="checkbox"/> Wednesday Substitute                              | <input type="checkbox"/> Sunday Substitute                       |
| <input type="checkbox"/> Wednesday Attendance Caller                       | <input type="checkbox"/> Sunday Attendance Caller                |
| <input type="checkbox"/> First Eucharist/Reconciliation (2 <sup>nd</sup> ) | <input type="checkbox"/> First Reconciliation (5 <sup>th</sup> ) |
| <input type="checkbox"/> First Grade Christmas Program                     | <input type="checkbox"/> Other _____                             |

Please list your experiences working with children in a parish or community setting:

Please let us know what motivates you to work with children...what gifts would you like to share with them?

Please list two references:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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For the office: Date of Virtus training \_\_\_\_\_

Criminal Background check \_\_\_\_\_

Returned Diocesan Receipt of Policy \_\_\_\_\_