

Volunteer Information



Contact Information

Name							
Street Address							
City ST ZIP Code							
Cell Phone						Texting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-Mail Address							
DOB		Age		Grade		School	
Sacraments		<input type="checkbox"/> Baptism		<input type="checkbox"/> First Communion		<input type="checkbox"/> Confirmation	

Availability

During which hours are you available for volunteer assignments? (Check all that apply)

Available	From	To
<input type="checkbox"/> Sunday		
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Aspirations

Do you have any hopes or dreams? Where do you think you'll be in 10 years? What do you see yourself doing?

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

(Under 18 Requires Parent Signature)

Name (printed)	
Signature	
Date	

Our Mission

To ignite the faith in ourselves and others through: prayer, study and action; so that we may come to love God as He has willed from the beginning of time.

Thank you for completing this form and for your interest in volunteering with us.