

St James Religious Education Youth Volunteerteers

Name _____

Address _____

City/Zip _____

Home Phone _____ Alternate Phone _____

Email Address (Please print clearly) _____

Current School _____ Grade _____

Parents Names _____

Address: _____

Parents' Email: _____

Emergency Contact Info: _____

Where would you like to be assigned?

Office Helper

Classroom Aide

Sunday Mornings 9:00—10:30

Wednesday evenings 6:30—8:00 pm

Preferred grade? _____ Preferred teacher/co-worker? _____

Do you have a current driver's license? Yes No

If yes, please list the state and your license number _____

Church History & Prior Youth Work

Are you a registered member of our church? _____ How long? _____

Name of previous church & length of time attended _____

List previous church work involving youth:

Name of church _____

Type of work: _____

Contact person: _____

Dates: From _____ to _____

I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. I agree not to hold any previous contacts liable for release of any information herewith.

Applicant's signature:

_____ Date: _____