

# St James Religious Education Youth Volunteers

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (Please print clearly) \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

Parents Names \_\_\_\_\_

Address: \_\_\_\_\_

Parents' Email (if different from yours): \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_  
\_\_\_\_\_

Are you a registered member of our parish? \_\_\_\_\_ How long? \_\_\_\_\_

## Where would you like to be assigned?

- |   |   |
|---|---|
| <input type="checkbox"/> Office Aide                | <input type="checkbox"/> Classroom Aide                 |
| <input type="checkbox"/> Sunday Mornings 9:00—10:30 | <input type="checkbox"/> Wednesday evenings 6:30—8:00pm |

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 \_\_\_\_\_