

St James Religious Education Youth Volun-

Name _____

Address _____

City/Zip _____

Home Phone _____ Alternate Phone _____

Email Address (Please print clearly) _____

Current School _____ Grade _____

Parents Names _____

Address: _____

Parents' Email (if different from yours): _____

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 _____