

Our Lady of Mercy Religious Education K-6 Volunteer Registration Form

NAME: _____ NEW _____ RETURNING _____

ADDRESS: _____

TOWN: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS _____

I WISH TO VOLUNTEER FOR THE **2011-2012** SCHOOL YEAR AS A:

(Please circle, can be more than one)

CATECHIST

AIDE

OFFICE HELP 4-5PM

CHILD CARE

SUB

I WILL HELP WHERE NEEDED

GRADE(S) VOLUNTEERING FOR: **K, 1, 2, 3, 4, 5, 6, NO PREFERENCE**

DAY(S) VOLUNTEERING FOR: **MON., TUES., WED., NO PREFERENCE**

DO YOU HAVE CHILDREN IN THE PROGRAM? **YES NO GRADES** _____

DO YOU WISH TO HAVE YOUR CHILD IN YOUR CLASS? **YES NO GRADE** _____

As a courtesy for your volunteer service, your children can be enrolled free of charge. Because of this, you will be depended upon to attend each day we are in session for the day you choose. A registration form for your child is still required.

ALL NEW VOLUNTEERS ARE REQUIRE TO ATTEND A 2 HOUR TRAINING SESSION IN THE FALL, WHICH IS REQUIRED BY THE ARCHDIOCESE OF NEWARK.

Have you attended Protecting God's Children? _____ NO _____ YES

If yes, when and where _____

