



# SAINT PAUL

## PARISH SCHOOL OF RELIGION

### VOLUNTEER REGISTRATION 2020 – 2021

Volunteers are required to attend the “Protecting God’s Children” class and be fingerprinted. Placement cannot be made until requirements are met. Requests for placement in specific classrooms/functions will be considered, but not guaranteed. The PSR office reserves the right to assign volunteers based on program needs. Teaching and Co-Teaching volunteers are **REQUIRED** to attend meetings throughout the year and are encouraged to seek Diocesan Catechetical Certification (Basic through Advanced). Assigned Volunteer Catechists, Co-Catechist and Childcare Providers are exempt from tuition. Classroom Aides, Flex-Aides, Hall Monitors and Office Assistants will pay **\$80** per student up to three students.

*Diocesan Volunteer Requirements (for ages 18 and up)*

- I have my fingerprint record on file at Saint Paul  Yes  No  
 I have completed the *Protecting God’s Children* Class  Yes  No If yes, date of class \_\_\_\_\_

*I am volunteering for:*

**Preschool (ages 3, 4, 5)**

- Sunday, 9:00 a.m.  
 Sunday, 10:30 a.m.

**Tuesday (Grades K-8)**

- 4:45 – 6:00 p.m.

**Wednesday (Grades 1-8)**

- 6:30 – 7:45 p.m.

**Catholics Seeking Sacraments**

- Wednesday 6:30 – 7:45 p.m.

Please PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_ School District \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Please mark the area you are interested in volunteering. These positions are a **weekly** commitment.

- Catechist Grade 1<sup>st</sup> choice \_\_\_\_\_ Grade 2<sup>nd</sup> choice \_\_\_\_\_  
 Co-Catechist Grade 1<sup>st</sup> choice \_\_\_\_\_ Grade 2<sup>nd</sup> choice \_\_\_\_\_  
 Classroom Aide Grade 1<sup>st</sup> choice \_\_\_\_\_ Grade 2<sup>nd</sup> choice \_\_\_\_\_

*For Classroom Aides:* I am willing to teach if needed.

Flex-Aide (Sun, Tues, Wed - Assigned where needed on a weekly basis)

Hall Monitor (Sunday, Tuesday and Wednesday)

Office Aide (Tuesday and Wednesday, during class times)

Office Aide (Weekdays, Monday through Thursday)

Music Ministry (Sunday, Tuesday, Wednesday)  Vocalist  Instrumentalist (Specify: \_\_\_\_\_)

Child Care (Tuesday, Wednesday)

I would like my child in my classroom.

Teen Volunteer Birthdate: (month/date/year) \_\_\_\_\_

Will you need childcare for younger child/children not yet enrolled in PSR? Yes No

Please list name & birthdate (month/date/year) of child/children needing childcare: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCES *(For new volunteers)*

---

Location	Position	Length of Service
----------	----------	-------------------

---

Location	Position	Length of Service
----------	----------	-------------------

---

Location	Position	Length of Service
----------	----------	-------------------

WORK-RELATED REFERENCES *(For new volunteers)*

Please give full names and telephone numbers.

(1.) \_\_\_\_\_

(2.) \_\_\_\_\_

(3.) \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION *(For Parents of Teen Volunteers)***

*In case of emergency, I understand that Saint Paul the Apostle School of Religion will make every effort to contact me. However, if they cannot reach me, I give my permission for my child to be taken for emergency treatment. I release and hold harmless the Saint Paul the Apostle Parish staff, and volunteers from all liability of any kind, which may arise from such emergency.*

*Facts concerning the child's history, including allergies, medications being taken, and any physical impairment to which a physician/first responder should be alerted:*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Additional Emergency Contacts:

Phone

Relationship

#1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_