



SAINT PAUL

PARISH SCHOOL OF RELIGION

VOLUNTEER REGISTRATION 2023 – 2024

Volunteers are required to attend the “Protecting God’s Children” class and be fingerprinted at least 3 weeks prior to the start of PSR classes. 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

I am volunteering for:

Wednesday (Grades K-5)

4:45 – 6:00 p.m.

Wednesday (Grades K-8)

6:45 – 8:00 p.m.

Sacrament Prep. (Grades 3-7)

6:45 – 8:00 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 1st choice – Grade _____ 2nd choice – Grade _____
- Co-Catechist 1st choice – Grade _____ 2nd choice – Grade _____
- Classroom Aide 1st choice – Grade _____ 2nd choice – Grade _____ I am willing to teach if needed. _____
- Flex-Aide (Assigned where needed on a weekly basis)
- 8th Grade Group Discussion Leader
- Hall Monitor
- Office Aide (during class times) Office Aide (Weekdays, Monday through Thursday)
- Music Ministry (Wednesday) Vocalist Instrumentalist (Specify: _____)
- Child Care
- 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
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Location	Position	Length of Service
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Location	Position	Length of Service
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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 _____
