

Volunteer Sign-Up – Thank you for sharing your time and gifts!

WE REALLY APPRECIATE YOUR WILLINGNESS TO SERVE! We ask every family to prayerfully consider volunteering their time throughout the school year. This helps us to keep costs down, students adequately supervised, and family involvement at its best. Parents, grandparents and older siblings (age 15+) are all great helpers!

Some tasks (marked ♥) require “Safe Environment” training on the part of adults 18+.

<i>Please check!</i>	<i>Volunteer Description</i>	<i>Desired Grades/Times</i> <i>(Circle/Check all that apply)</i>	<i>Name of Volunteer</i>
	Classroom Catechist (1-2 needed per grade) ♥	SUN-- 9:15 am: 1 2 3 4 5 WED-- 6:30 pm.: 6 7 8	
	Substitute Catechist ♥	SUN-- 9:15 am: 1 2 3 4 5 WED-- 6:30 pm: 6 7 8	
	Classroom Aide (1-2 needed per grade) ♥	SUN-- 9:15 am: 1 2 3 4 5 WED-- 6:30 pm.: 6 7 8	
	Small Group Table Leader for Confirmation ♥	WED-- 6:30 pm	
	Aide for High School Ministry - City On A Hill ♥	WED-- 7:45 pm	
	Hall Monitor	WED-- 6:30 pm.	
	Make phone calls for student absences	WED-- 6:30 pm.	
	Children’s Liturgy of the Word (1 weekend/month) ♥ __Presenter __Substitute	Mass preference: __ 8:00 am __ 10:30 am	
	Kick Off Meeting Helpers	__ Sept. 8th for grades 6-8 __ Sept. 15th for grade 9	
	End of Year Party Helpers (grades 6-9)	April 27th	
	Baccalaureate Reception--May 1, 2022	Hosted by 11 th grade families	
	Occasional help cutting out/assembling crafts, etc.	Can do at church or at home	

Medical and Emergency Contact Information & Shared Photo Information

In the *event of an emergency*, please call: _____ at: _____

Or, *if that person cannot be reached immediately*, then call: _____ at: _____

Child’s Name:	Child’s Doctor:	Doctor’s Phone:	Insurance Carrier:	Policy Number:
Allergies we should be aware of:		Medications we should be aware of:		
In case of emergency, my child should be taken to this hospital:				

Child’s Name:	Child’s Doctor:	Doctor’s Phone:	Insurance Carrier:	Policy Number:
Allergies we should be aware of:		Medications we should be aware of:		
In case of emergency, my child should be taken to this hospital:				

Child’s Name:	Child’s Doctor:	Doctor’s Phone:	Insurance Carrier:	Policy Number:
Allergies we should be aware of:		Medications we should be aware of:		
In case of emergency, my child should be taken to this hospital:				

We like to share photos of our program happenings in the parish bulletin and newsletter, on the parish website and occasionally in the local newspapers so that our parishioners can participate in the joy of seeing our youth in action. Children will not be identified by name. If you prefer that your children NOT be included in these photos, please check here.

Parent/Guardian Signature and Date: