



Adult Volunteer Application

Partners in Faith...Working Together

Tell Us About Yourself...

First Name **Last Name** **Date of Birth**

Street Address **City** **Zip Code**

(_____) _____ (_____) _____
Home Phone Number **Cell Number**

E-mail Address (THIS WILL BE OUR PRIMARY MEANS OF COMMUNICATION THROUGHOUT THE YEAR)

___ Yes ___ No I am Roman Catholic. If no, what religion/denomination? _____

___ Yes ___ No I am a registered parishioner at Holy Family.

Tell Us About How You Would Like To Help...

___ **Catechist** ___ **Co-Catechist** ___ **Aide**...Facilitate (or help with) a group of students for our programs. Training and lesson plans are provided (Contact Laura Ferlita at 847-907-3436)

Grade requested _____ Sun 8:45am-10:15am _____ Sun 10:45am-12:15pm _____ Sun 5:15-6:45pm _____

Place my child (name) _____ in my class.

___ **New Class** - fill at registration ___ **Continuing Class** - keep last year's class together

NOTE: Catechist AND students must be registered by June 30

Please pair me up with _____

___ **Hall Monitor**...Help us monitor hallways for children / teens safety. I'm available:

Needs on: Sun 8:45-10:15am Sun 10:45am-12:15pm _____ Sun 5:15-7pm _____

___ **Office Help**...Can you spare some time to help with administrative tasks during the week?

Please indicate below which days/times you are available.

___ **Other** (ie, chaperone, substitute catechist, youth group, retreats, etc.) _____

Notes / Comments: _____

Volunteer Formation / Requirements

- I certify that the information contained in this application is true and complete to the best of my knowledge. I commit to attend all catechist formation and training sessions.
- I understand that additional time for preparing lessons is necessary to be effective as a catechist
- I will consistently support and guide the children and teens of this parish in their faith formation journey.
- I realize that extra time may be required for special events in different grades (ie: Sacrament Prep, service trips, festivals, retreats) and I commit to this additional time as needed.

I will comply with the following Archdiocesan directives for all adults who have contact with minors, BEFORE the start date of the programs I am volunteering for:

- I will complete an **online criminal background check** on the Archdiocese's website (see attached instructions).
- I will attend a **VIRTUS Training Session** (see attached instructions).
- I will complete, sign and return a **State of Illinois – DCFS CANTS form** (see attached – must be completed yearly).
- I will read, sign and return the **Volunteer's Code of Conduct form** (see attached).

Signature

Date

EXPERIENCE WITHIN THE CATHOLIC CHURCH: (NEW volunteers only)

Previous experience as a religious educator: _____

Participation in parish organizations or activities: _____

Other: _____

I have been a member of **this** parish for _____ years.

I was previously a member of _____ parish for _____ years.

EDUCATION: Relevant areas of study and/or research: _____

OTHER QUALIFICATIONS: Previous experience working with Children or Teens:
