

Holy Rosary Church Children's Faith Formation Volunteer Application Form

The **Children's Faith Formation at Holy Rosary church** appreciates your willingness to share your faith, time, gifts and skills. The information gathered in this application is designed to help us provide the best Catholic programs for families of our community. Completed forms are kept confidential. Our program uses In the Spirit We Belong curriculum (years 1 to 6), it allows our Volunteers the freedom to teach in their own style. We also ask Catechists to spend some time in lesson preparation (approximately 1 to 2 hours per week) to ensure the limited class time is used effectively. Our program depends on Volunteers who are committed to helping our children grow in their faith. We are open to new ideas to keep the program fresh & inviting. The goal is to help the children (and families) discover the meaning of our faith and to connect that faith in their everyday life

General Information:

Name _____
Last First

Address _____ Postal Code _____

Phone Number: Home _____ Work _____ Cell _____

Email: _____

Note: Most contact will be via email

Occupation _____ Work Status: Part-time ___ Full-time ___ Student ___

Marital Status: _____ Date of Birth _____

Religion _____ Are you registered at Holy Rosary church Yes ___ No ___

Ministry Information: I am a current volunteer since (how long) _____

I am a new volunteer over 18 _____ I am a new volunteer under the age of 18 _____

I prefer to work with: TT___ PK-1___ 2___ 3-4___ 5-6___ 7___ No preference___

What position/role(s) do you desire? Catechist leader___ Catechist Assistant/Helper___

Other, please describe: _____

What has prepared you for this role/position for which you are applying? _____

Please add any interests, skills, areas of knowledge, hobbies, special skills, etc. you could offer as a volunteer: _____

Please indicate what workshops (other) you have taken:

Archdiocese Safety workshop _____ Archdiocese Catechist workshop _____

Any valid First Aid certificates _____

Other _____

Reference Information:

Give contact information for 2 people (not family members) who would be willing to act as references for you:

Reference 1

Name: _____ Relationship: _____

Phone: _____ Email _____

Reference 2

Name: _____ Relationship: _____

Phone: _____ Email _____

The information contained in this application is correct to the best of my knowledge. I understand and agree that The Archdiocese of Winnipeg will do criminal and Child abuse background checks on me (over 18). I also authorize the references listed in this application to give you any information they may have regarding my character and fitness for working with children.

Applicant's Signature _____ Date _____

Parent/Guardian Signature if volunteer is under age 18 _____

Volunteer position _____ Reviews by _____ Date _____

Comments: _____