## Our Lady of Grace Youth Ministry Adult Volunteer Form

A. Contact Information:			
Name:			
Phone #:	Cell Phone	e #:	
Email:			
Address:			
City:	Zip	):	
B. I am interested in helping	with:		
Middle School		hool Eit	ther one
C. I am willing to help:			
A few times a month			
Every Week	When needed		
D. I am willing to help with	:		
Providing Snacks		Transportat	tion
Publicity	Music	Art	Communication
Chaperone Trips	Chaperone/A	dult Presence at	Youth Nights
Whenever I am need			
E. Special Skills			
I can offer the following	skills: (ie Nurse (	counseling etc)	
ream offer the following	skills. (ic. 1 varse, v	, etc)	
			<del></del>
I would be willing to be	a guest speaker on	the following top	ics:
	<del> </del>		
In order to volunteer with our y		•	
Child Abuse Clearance, State C			•
these are already or	n file at the parish	I need the	ese forms/training

THANK YOU FOR YOUR TIME AND COMMITMENT TO THE YOUTH OF OUR LADY OF GRACE!