

**APPLICATION FORM FOR MINORS**

**Saint James the Apostle**

**Religious Education**

**Basic Information (please print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_

**Position (✓ check one)**

**Day you wish to volunteer:**

**Circle one:** Tuesday Sunday

\_\_\_\_ Catechist Assistant

\_\_\_\_ One-on-one Student Aide

\_\_\_\_ Other: \_\_\_\_\_

**Education**

School attending in September: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous experience in parish volunteering: \_\_\_\_\_

\_\_\_\_\_

Participation in other parish organizations or activities: \_\_\_\_\_

\_\_\_\_\_

I have been a member of Saint James the Apostle Parish for \_\_\_\_\_ years.

I have been a member of the following parishes:

Parish:

# of years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Reference

Name	Address	Phone Number
1 _____		
2 _____		
3 _____		

I certify that the information contained in the form is true and complete to the best of my knowledge. I authorize the Archdiocese or its agents to undertake any investigation it deems appropriate in connection with this application.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

### Parent/Guardian Authorization

I have reviewed this application and give my permission for (Name) \_\_\_\_\_ to serve as a volunteer for the Saint James the Apostle Parish Religious Education Program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

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(For Parish Use)

### References checked:

_____	Date _____	By _____
_____	Date _____	By _____
_____	Date _____	By _____