

RELIGIOUS EDUCATION TEEN VOLUNTEER FORM 2018-2019

Teen Name: _____ Position: _____

Teen Cell Phone: _____ Teen Email: _____

Date of Birth: _____ Transportation arrangement: _____

Home Address: _____ City: _____ Zip: _____

Dates Available: _____

Parent Name: _____ Parent Cell: _____

Parent Email: _____

Office use: Verification: _____ CTS: _____ TBC: _____

VOLUNTEER OPPORTUNITIES

In recognition of my baptism, I am called to share in the ministry of the Church. I would like to be a part of the Church's ministry to our children by:

- _____ CATECHIST TUES (Grade: _____)
SCAP Only: _____ AM _____ PM Grade _____
- _____ SUBSTITUTE CATECHIST SESSION: _____
- _____ AIDE TUES (Grade: _____)
SCAP Only: _____ AM _____ PM Grade _____
- _____ LITURGY OF THE WORD Sun 9:30 Mass _____ Sun 11:00 Mass _____ Sun 12:30 Mass _____
- _____ BABYSITTER | _____ AM _____ PM
- _____ SNACK AIDE _____ AM _____ PM
- _____ ART AIDE _____ AM _____ PM _____ TRAD
- _____ BIBLE STORYTELLER _____ AM _____ PM _____ TRAD Grade Level _____
- _____ OFFICE/Floater _____ AM _____ PM _____ TRAD

(OVER)

EMERGENCY INFORMATION 2018-2019

In the event that injury or illness needs immediate attention and none of the above persons can be contacted, I hereby authorize the Religious Education department to arrange transportation to the nearest hospital, which may render emergency treatment. I will be responsible for charges incurred for my child.

√ **Parent’s Signature and phone:** _____ Date: _____

Illness or injury: Neighbors or relatives, living near St. Colette, who will care for my child if parent is unavailable:

Name: _____ Phone: _____

Child’s Medical Needs (medical, physical, allergies, etc.) _____

The **purpose of this information** is to enable our office to have accurate and reliable information available in case of emergency.

MEDIA CONSENT 2018-2019

St. Colette Religious Education Program engages in various correspondence and publicity with families and parishioners regarding various aspects of this program. Parents are given the option of authorizing the use of their children’s photos (*always* without names published) for those purposes, if they so desire.

If you wish to provide authorization, please complete the information below, and provide it to the parish Director of Religious Education.

Parish Name: ST. COLETTE, LIVONIA, MI

Student’s Name	Grade in Fall 2018	Date of Birth

Parents may cancel this Authorization at any time by providing written notice to the Parish at:
St. Colette Religious Education Office, 17600 Newburgh Rd., Livonia, MI 48152.

Video/Photography Utilization

- (1) I give permission for my child to be photographed or videotaped for articles in either the St. Colette Religious Education program’s DVD, Poster boards, the First Communion Banners at St. Colette, St. Colette bulletin or website and/or any pictures taken during programs or sacraments.

It is our policy that no child’s name will ever accompany a photo or video.

√ **Parent Signature:**

By: _____ Date: _____
(Signature of Parent of Guardian)

Name: _____
(Printed – Parent or Guardian)

PARENTAL PERMISSION

I give my child _____ permission to volunteer for the St. Colette religious education program for the Current Program Year.

(Please select all that apply)

_____ SCAP AM _____ SCAP PM _____ Traditional Program

√ **Parents Signature:** _____ **Date:** _____