

**VOLUNTEER REGISTRATION 2011- 2012**

**St. Paul Sunday Preschool Program**

(Please PRINT)

*\*All volunteers are required to attend the "Protecting God's Children" class and be fingerprinted before classes begin. Please contact the PSR Office if you need one or both of these requirements. Placement will not be made until you have completed both of the above requirements.* Please note new policy: All volunteers who sign up to be **teachers/co-teachers** will be exempt from tuition. Volunteers who sign up to be aides, flex-aides, or hall monitors only need to pay \$50.00 per student.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BEST TIME TO BE REACHED \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**\*Placement will not be made until a volunteer has completed both of the following requirements.**

**DIOCESAN VOLUNTEER REQUIREMENTS: (Adults 18 & Older)**

I have my fingerprint record on file at St. Paul. Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed the Protecting God's Children Class? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_



**ALL VOLUNTEERS NEED TO BE AT THEIR ASSIGNED POSITION 15 MINUTES PRIOR TO CLASS AND REMAIN 15 MINUTES AFTER CLASS**

**Class Sessions Available**

**Mark all that apply:**

Meets weekly for 3's, 4's, 5's and Kindergarten

Class time: Sunday 9:00 a.m. \_\_\_\_\_ Sunday 10:30 a.m. \_\_\_\_\_

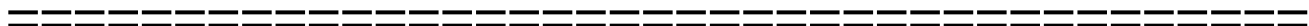
Teacher \_\_\_\_\_ Mark 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice: 3's \_\_\_ 4's \_\_\_ 5's \_\_\_ K \_\_\_

Teacher's Aide \_\_\_\_\_ Mark 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice: 3's \_\_\_ 4's \_\_\_ 5's \_\_\_ K \_\_\_

Flex-Aide (Be willing to go where needed) \_\_\_\_\_ Hall Monitor \_\_\_\_\_

Music leader \_\_\_\_\_ Story-time leader \_\_\_\_\_

Do you want your child in your classroom? Yes \_\_\_\_\_ No \_\_\_\_\_



(Please complete the back of the form if new volunteer)

## PREVIOUS VOLUNTEER EXPERIENCES

Location	Position	Length of Service
Location	Position	Length of Service
Location	Position	Length of Service

## REFERENCES

(Give full names and telephone numbers)

1) \_\_\_\_\_

2) \_\_\_\_\_