

**2011-2012 PSR AND PRESCHOOL
TEEN VOLUNTEER FORM
(Please PRINT)**

NAME _____ GENDER _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

GRADE _____ AGE _____ SCHOOL ATTENDING _____

VOLUNTEER POSTIONS AVAILABLE MARK ALL THAT APPLY:

PRESCHOOL PROGRAM -

Class time: Sunday Preschool 9:00 a.m. _____ Sunday Preschool 10:30 a.m. _____

Age Group: 3's _____ 4's _____ 5's _____ K's _____

Classroom Aide _____ Flex- Aide _____ Office Worker _____

ELEMENTARY PROGRAM – Grades 1-5

Monday Early: 4:30 p.m. - 5:45 p.m. _____ Grades 1 __ 2 __ 3 __ 4 __ 5 _____

Monday Late: 6:15 p.m. - 7:30 p.m. _____ Grades 1 __ 2 __ 3 __ 4 __ 5 _____

Classroom Aide _____ Music Aide _____ Childcare Aide _____

Emergency Medical Authorization –

In case of emergency, I understand St. Paul's Religious Education will make every effort to contact me. However, if they cannot reach me, I give my permission for my child to be taken for emergency treatment. I release St. Paul Religious Education and St. Paul Church, staff, and volunteers from all liability of any kind, which may arise from such emergency.

Facts concerning the child's history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted: _____

Signature of Parent or Guardian

Date

Additional Emergency Contacts:

Phone

Relationship

Emergency #1 _____

Emergency #2 _____