


APPLICATION FOR CHILDREN'S RELIGIOUS EDUCATION PROGRAM

AIDES (under 18yrs old) - Volunteer Program

Today's Date: _____

MINISTRY: Mark X 

Name: _____ Date of Birth: _____ Age: _____

Home Address: _____
City State Zip

Cell: _____ Email: _____ Year of Jeremiah Training Completed _____

Sacraments Received Baptism: _____ 1st Communion: _____ Confirmation: _____

Name of the School that you attend? _____ Grade: _____

Do you attend St. Cyril on a regular basis? Y _____ N _____ If not, what church do you attend? _____

Have you participated in any ministries during the past year? Explain: _____

Have you received any Catechist Training? Explain: _____

What do you expect to improve on by volunteering in this Ministry?

Place of Employment: _____ How Long? : _____ Phone No. (Optional) _____

PARENTS NAME AND PHONE NUMBERS: _____

PARENTS SIGNATURE(S) AGREEMENT: _____

Assistant Aide: _____

Grade Preference: _____

Ministry Support: _____

Session and Time:

Sunday 9:00-10:30AM: _____

Sunday 11:00-12:30PM: _____

Wed. 6:15PM-7:45PM: _____

