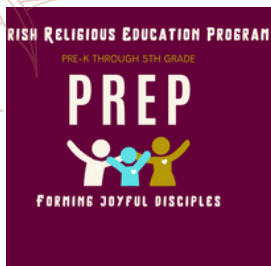


Holy Apostles Catechist and Volunteer Application



Name

Address

City

Zip

Phone

Email

May we Call and Text this phone number? Yes No

Remember You Must be a Practicing Catholic

TELL US ABOUT YOURSELF

Yes No

1. Do you have a catechist certification? ☐ ☐
2. Are you interested in learning more about catechist certification or continuing catechist education ? ☐ ☐
3. Have you completed Safe Environment Training per Roman Catholic Diocese of Boise policy? ☐ ☐
4. Are you a registered parishioner of Holy Apostles Catholic Church? ☐ ☐
5. Do you have any prior teaching experiece? ☐ ☐

I am volunteering to be a:

- ☐ Lead Catechist
- ☐ Assistant Catechist
- ☐ Office/Occasional Help

Initial:_____

I am interested in teaching:

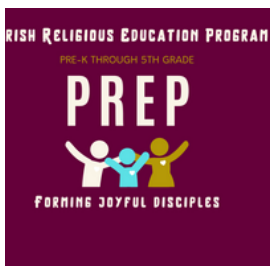
- ☐ **Sundays 9:00 AM – PreK**
- ☐ **Sundays 11:00 AM – PreK**
- ☐ **Sundays 9:00 AM – Kindergarten**
- ☐ **Sundays 11:00 AM – Kindergarten**
- ☐ **Mondays 4:30 PM**
- ☐ **Tuesdays 4:30 PM**
- ☐ **Tuesdays 6:30 PM Grade(s)**

I am interested in teaching:

- ☐ **1st Grade**
- ☐ **2nd Grade**
- ☐ **3rd Grade**
- ☐ **4th Grade**
- ☐ **5th Grade**
- ☐ **Sacramental Prep Grades 3rd - 5th (Mixed Grades)**

Initial:_____

Holy Apostles Catechist and Volunteer Application



Emergency Contact

Full Name: _____ Relationship: _____

Address: _____

Cell Phone: _____

Email Address: _____

Acknowledgement of Application

I hereby affirm that I understand and agree to the provisions of the Parish Religious Education Program. I also agree that my volunteer services with the Holy Apostles Parish PREP Department are on an “at-will” basis, meaning that my services may be discontinued by either the Diocese of Boise or the Parish (through termination of my service) or myself (through voluntary resignation) at any time without notice and without recourse of any kind by either party. I agree to conform to the Diocese of Boise and Holy Apostles policies. I also agree that I shall be subject to other conditions which the Diocese of Boise or Holy Apostles Parish may adopt.

I affirm that the information in this Volunteer Application is true and complete, and any falsification or omission in the application may result in termination of my volunteer privileges and/or services. My signature below indicates that I have read and understand all of the above.

Printed Name: _____

Applicant Signature: _____ Date: _____

PREP Office Signature: _____ Date: _____