OUR LADY OF THE LAKES CATHOLIC CHURCH-RELIGIOUS EDUCATION

STUDENT VOLUNTEER APPLICATION

YEAR:		
NAME	DOB	PHONE:
ADDRESS	CITY:	STATE: ZIP:
EMAIL:		
SACRAMENTAL HISTORY: []BAPTISM []FIRST COMMUNION []CONFIRMATION		
NAME OF SCHOOL:		
GRADE: TEACHER'S NAME:		
Please Select day's preferred:	☐ SUNDAY MORNING	
□ WEDNESDAY AFTERNOON	□ WEDNESDAY EVENING	
☐ SATURDAY MORNING	□ SPRING FESTIVAL	
☐ LENT: STATIONS & SOUPS	☐ RETREATS: Life Teen/Edge	
IN CASE OF EMERGENCY, PLEASE PL		
NAME:RE	LATIONSHIP:	PHONE:
MEDICAL CONDITIONS:		
REFERENCES: ** PLEASE NON-FAMILY REFERENCES ONLY**		
Name:		Phone:
Name:	Address:	Phone:
Name:	_Address:	Phone:
I, hereby, release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the local parish, the Archdiocese of Miami and employees and volunteers thereof. I understand that I'm entitled to finish my service or my service might be ceased at any time.		
☐ I consent that my son/daughter has opportunity to accumulate his/her volunteer hours for confirmation/ graduation purpose. By signing this application, I affirm that the information I have given is true and complete.		
STUDENT APPLICANT SIGNATURE	PARENT SIGNATURE	DATE
Interviewed by:	Date:	
Assigned to: SUNDAY MORNING		☐ WEDNESDAY AFTERNOON
□ WEDNESDAY EVEN		☐ SATURDAY MORNING
☐ SPRING FESTIVAL		☐ LENT: STATIONS & SOUPS
□ RETREATS: Life Te	en/Edge	

OUR POLICY: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in becoming part of Our Lady of the Lakes Volunteering family! REVISED 5-12-16