



STUDENT VOLUNTEER APPLICATION YEAR: _____
NAME _____ DOB _____ PHONE: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____

SACRAMENT HISTORY: [] BAPTISM [] FIRST COMMUNION [] CONFIRMATION

NAME OF SCHOOL: _____

GRADE: _____ TEACHER'S NAME: _____

Please select days preferred:

- | | |
|--|---|
| <input type="checkbox"/> WEDNESDAY AFTERNOON | <input type="checkbox"/> SATURDAY MORNING |
| <input type="checkbox"/> WEDNESDAY EVENING | <input type="checkbox"/> SPRING FESTIVAL |

IN CASE OF EMERGENCY, PLEASE PROVIDE INFORMATION OF THE PERSON TO NOTIFY:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

MEDICAL CONDITIONS: _____

REFERENCES: ** PLEASE NON-FAMILY REFERENCES ONLY**

Name: _____ Address: _____ 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 :

- | | |
|--|---|
| <input type="checkbox"/> WEDNESDAY AFTERNOON | <input type="checkbox"/> SATURDAY MORNING |
| <input type="checkbox"/> WEDNESDAY EVENING | <input type="checkbox"/> SPRING FESTIVAL |

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 6/13/2024