

Preliminary CATECHIST and ADULT VOLUNTEER APPLICATION

Immaculate Conception-Assumption Parish Religious Education Program



53 Winter Hill Road, Tuckahoe, NY 10707 Rectory 961–3643 RE Office 961–1076 Email: sr.cora@icc-coa.org

CONTACT INFORMATION	
Name	Cell Phone
Address	Home Phone
CityStateZip G	CodeWork Phone
Occupation	Birthday
WHO SHOULD WE CONTACT IN AN EMERGENCY? NamePhone	Which sessions could you teach? Your 1 st choice is # 1, and so on.
PhysicianPhone	,
MEDICAL INFORMATION	6:45 PM Session
I have ", (*food allergies, Health concerns that we should be award	e of: asthma,Sun 8:30-9:45 AM Session
diabetes, epilepsy, etc.: or physical challenge, etc.) If yes, please exp	plain * 10:30-11:45 AM Session
	Tues 4:15 PM Session
SACRAMENTAL INFORMATION Church Sacraments Were Received	6:45 PM Session
Baptism	Thurs 4:15 PM Session
Eucharist	6:45 PM Session
Confirmation	Staff Meetings When would be the best time to have a staff meeting or in-servicing?
Are you a Catholic in good standing?yes	Sat after 8:30 AM Mass
	Sun after Noon Mass
CONTINUING RELIGIOUS FORMATION	Other
YesNo Year Do you have Level 1 Cer YesNo Year Do you have Level 2 Cer	tification? Talents I want to share!
YesNo Will you work for certification as a Cat	
SAFER SPACES VIDEO Required by the Archdiocese of New York!	
I watched the video. List date.	Hospitality on OccasionGames/Activities children
I need to watch the video.	Other
BACKGROUND CHECK	Please write on the back.
I've submitted a Background Check ()	Year) Educational Background
I need to submit a Background Check.	Where did you go to school?
GRADES I'VE WORKED WITH Primary Intermediate	7 th -8th Where did you go to High School?