

**CONNECT YOUTH MINISTRIES  
CYM 101 CONNECTION GROUP  
FACILITATOR / VOLUNTEER COMMITMENT  
2019/2020 SESSION SIGN UP**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 \*EMAIL: \_\_\_\_\_  
 PHONES(\*cell): \_\_\_\_\_ (work): \_\_\_\_\_  
 (\*home): \_\_\_\_\_

<b>OFFICE USE ONLY</b>	DATE RECEIVED: _____
	REGISTRATION NUMBER: _____
	POSITION: _____
	DAY: _____ TIME: _____
	CHILDREN IN PROGRAM: YES NO
	CHILDREN ATTEND: _____
	PGC: YES NO
	VOLUNTEER WAIVER: YES NO
BACKGROUND CHECK: YES NO	
ABLE TO USE: YES NO	
VOLUNTEER CREDIT: _____	

Have you attended a Protecting God's Children Workshop? YES \_\_\_ NO \_\_\_  
*(If not at St. Isidore please include a copy of your certificate)*

**I. PLEASE CHECK THE POSITION FOR WHICH YOU WOULD LIKE TO VOLUNTEER**

\_\_\_\_\_ Group Facilitator      \_\_\_\_\_ Facilitator Assistant

\_\_\_\_\_ Substitute      \_\_\_\_\_ CYM Monitor

a. Do you already have a Co-Facilitator? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 b. Assist with the following Facilitator: \_\_\_\_\_



**II. PLEASE INDICATE PREFERENCE: Please indicate and number 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice for each 12 week session.**  
*(You may choose to volunteer for only ONE session, or BOTH sessions.)*

**CYM 101 CONNECTION GROUPS:**

Sept 29, Oct. 1 & Oct. 2

\_\_\_ SUNDAY 2:30PM -4:15 PM  
 \_\_\_ TUESDAY 5:45PM-7:30PM  
 \_\_\_ WEDNESDAY 5:45PM-7:30PM

THE ABOVE CHOICES REFLECT MY COMMITMENT TO SERVE AS A FACILITATOR OF A JUNIOR HIGH CONNECTION GROUP WITH CONNECT YOUTH MINISTRIES DURING THE 2019-2020 SCHOOL YEAR.

I also agree to participate in a "Skills and Methods" Training Session for the Fall. Please call the Faith Formation Office and let them know whether you will attend or make another arrangements to meet at 630-529-9191. Available dates are: Sat. 9/7/19 at 9am.

Winter "S & M" on Sat. 1/4/20 at 9am. All in the Chapel Lower Level.

\_\_\_\_\_ / / \_\_\_\_\_  
 (Signature) (Date)