

**CONNECT YOUTH MINISTRIES
CONFIRMATION PREP GROUP
FACILITATOR COMMITMENT FORM 2019-2020**

NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 EMAIL: _____
 PHONES (cell): _____ (work): _____
 (home): _____

| | |
|-------------------------|-----------------------------|
| OFFICE USE ONLY | 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 WHAT DAY YOU WOULD BE AVAILABLE:

CONFIRMATION CONNECTION GROUPS:

Please list and number 1st Choice, 2nd Choice and 3rd Choice from sessions listed.

___ SUNDAY 4:00pm - 5:45pm (Conf. Sessions Only)
 ___ SUNDAY 5:15pm - 7:00pm (Conf. Sessions Only)
 ___ MONDAY 5:45pm - 7:30pm (Conf. Sessions Only)
 ___ MONDAY 7:00pm - 8:45pm (Conf. Sessions Only)



THE ABOVE CHOICES REFLECT MY COMMITMENT TO SERVE AS A FACILITATOR OF A CONFIRMATION 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)