

**ST. ISIDORE PARISH FAITH FORMATION  
VOLUNTEER MINISTER COMMITMENT FORM 2020-2021**

*(First come --- First assigned)*  
**PLEASE PRINT**

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

<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: _____	

May we call you at work? YES \_\_\_ NO \_\_\_

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

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

\_\_\_ OFFICE VOLUNTEER                      \_\_\_ HALL MONITOR  
 \_\_\_ CROSSING GUARD/PARKING LOT      \_\_\_ GUEST CATECHIST

**PLEASE INDICATE WHAT DAY AND TIME YOU WOULD BE AVAILABLE:**

TUESDAY              \_\_\_ 4:15-5:30p.m.              \_\_\_ 6:00-7:15p.m.  
 WEDNESDAY              \_\_\_ 4:15-5:30p.m.              \_\_\_ 6:00-7:15p.m.  
 SATURDAY              \_\_\_ 9:00-10:15a.m.

\*\*If you can help on an occasional basis, what day(s) and time(s) would you be available?

\_\_\_\_\_  
 \_\_\_\_\_

***The above choices reflect my 2020-2021 commitment to volunteer ministry in the Faith Formation process at St. Isidore Parish.***

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)