



2020-21 | Adult Volunteer Form

NAME: _____

MAILING ADDRESS: Street: _____ City: _____ Zip: _____

*EMAIL: _____

CELL PHONE: _____ ALT PHONE: _____

CHILD(REN) NAMES AND PREP GRADE LEVEL: _____

I am interested in volunteering in the following area(s):

Adults (Sunday AM Session K-4

Sunday PM Session 5-8)

Instructional classroom leader

Grade Level: K 1 2 3

4 5 6 7 8

Co-instructional classroom leader

Grade Level: K 1 2 3

4 5 6 7 8

Substitute classroom leader Sunday AM Sunday PM

T-Shirt Size:

Adult S Adult M Adult L Adult XL Adult XXL

FORM RETURNS:

Kindly return form to the Religious Education Office as soon as possible. We will contact you to discuss your role as a volunteer and our new program. In order to take part in our program, volunteers must complete various state and diocesan mandated clearances.

Feel free to contact us with questions:

AM Coordinator kmallozzi@stignatiusreading.org Kari Mallozzi

PM Coordinator lisadeck@stignatiusvikings.org Lisa Deck

I give permission for pictures and/or video of me engaged in activities related to any St. Ignatius event posted in publications or the parish website. Names of participants will not be used without expressed permission from the parent or guardian.

**SIGNATURE: _____ DATE: _____