

RETURNING CATECHIST - 2017-2018 APPLICATION

Name: _____ Date of Birth: ___/___/___

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ *(please PRINT clearly)*

Occupation: _____

Place of Employment: _____

Name of Spouse: _____

Sacraments Received (check if YES): *Baptism* ___ *First Communion* ___ *Confirmation* ___

Emergency Contact

Name: _____ Relationship: _____ Phone(s) _____

Medical history, allergies, medications/other we should be aware of?

Teaching Preferences:

1st choice: Grade Level _____ Day/Time: _____

2nd choice: Grade Level _____ Day/Time: _____

Name of Co-Catechist Preferred: _____

Babysitting Needed when Teaching? Yes _____

Number & Ages of Children: _____ Day/Time: _____

Children to Register in 2017-18 Children's Faith Formation Classes

Name	Age	Grade or Sac. Prep	List Day/Time of CFF Class

(Use additional sheet if necessary)

**** PLEASE COMPLETE OTHER SIDE ****

Is there any fact or circumstance involving you that would call into question your being involved in catechetical ministry? No_____ Yes_____

If "Yes", please explain or see Children's Faith Formation Director

Signature _____

Date: _____

Diocesan policy requires each catechist:

- **be fingerprinted EVERY 5 YEARS**
- **complete two on-line courses (one hour each) EVERY 5 YEARS**

ADULT PHOTO RELEASE FORM

Name: _____

Please print

I hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to *The Catholic Compass*, to use my name and/or photograph for promotional, news, or public relations in print and/or electronic media.

Signature: _____

Date: _____

**Good Shepherd Children's Faith Formation Office
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