

GOOD SHEPHERD CATECHIST APPLICATION FORM – 2009-2010

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(may receive calls at business: yes \_\_\_ no \_\_\_)

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Member of Good Shepherd/ # of Years \_\_\_\_\_ Catholic: Yes \_\_\_ No \_\_\_

Other Parish Activities: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse's Occupation/Place of Employment: \_\_\_\_\_

In Case of Emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments regarding medical history, allergies, medications/other we should be aware of:

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

**Children (grade in 2009-2010 school year)**

*Check if child will attend either:*

**Name**                      **Age**                      **Grade**                      **Good Shep. Rel. Ed./ Trinity Catholic School**

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

*(use other side if necessary)*

Important:      Please remember to register your children for RE early (this is a separate registration form);  
catechists may contact me at any time to register their children.

Experience in Teaching Religious Education (RE) \_\_\_\_\_

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

Other experience/hobbies/etc. that might pertain to teaching RE:

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

**IMPORTANT: 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 DRE.

Signature \_\_\_\_\_

**Diocesan Requirements:**

Diocesan policy requires each prospective catechist be (1) fingerprinted;  
(2) attend a Diocesan sexual abuse workshop; and (3) attend a safe environment workshop.  
Needed: all three \_\_\_\_\_; (1) \_\_\_\_\_; (2) \_\_\_\_\_; (3) \_\_\_\_\_

Please list two references:

**Teaching Preferences:**

Grade Level Preferred: \_\_\_\_\_ Day/Time Preferred: \_\_\_\_\_  
Other options: \_\_\_\_\_

**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 Florida Catholic*, to use my name and/or photograph for promotional, news, or public relations in print and/or electronic media.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: Thank you for your interest! It is the faith and commitment of our dedicated volunteers that makes our program outstanding. I (Bette Scaringe, DRE) like to meet with all prospective catechists. When this application is received, you will be contacted for an appointment. Classes are taught by teams of two catechists, and training and support are provided.*