

GOOD SHEPHERD CATECHIST APPLICATION: 2010-2011

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: Yes _____ No _____ **Catholic:** Yes _____ No _____

Sacraments Celebrated (check if yes): Baptism _____ First Communion _____ Confirmation _____

Other Parish Activities: _____

Name of Spouse: _____

Spouse's Occupation/Place of Employment: _____

In Case of Emergency contact:

Name: _____ **Relationship:** _____ **Phone(s) :** _____

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

Children (grade in 2010-2011 school year)

Check if child will attend either:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Good Shep. Rel. Ed./ Trinity Catholic School</u>

(use additional sheet 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 _____

Date: _____

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:

1st choice: Grade Level _____ Day/Time _____

2nd choice: Grade Level _____ Day/Time _____

Name of Co-Catechist Preferred: _____

Babysitting Needed when Teaching:

Day/Time: _____ Number & Ages of Children _____

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: _____

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.