



CHILDREN'S Liturgy of the Word

Volunteer Application

Name: _____

Address: _____ City _____

Phone: _____ (cell) _____ (other)

Position _____ (teacher) _____ (Assistant) _____ (both)

Email Address: _____ Age _____ Grade _____

I would like to assist:

Sundays at 9:15 am ___ Saturdays at 5:00 pm ___ No preference ___

- a. Younger Children (ages 3 to 6 years) _____
- b. Older Children (ages 6 to 11) _____
- c. No preference _____

___ I understand if I am scheduled to assist and cannot for any reason, I will contact the Coordinator.