

**St. Stanislaus/St. Victor
Religious Education
Volunteer Registration Form**

Year _____

Name: _____ DOB: _____

Address: _____

(Phone) Home: _____ Work: _____ Cell: _____

Email Address: _____

Years as a Catechist: _____ Where: _____

Levels: K 1-3 4-6 7-8 9-12 Special Needs Adults

Certification(s):

What is your experience working with children?

Do you consider yourself a practicing Catholic? _____ Yes _____ No

Signature: _____ Date: _____

Office Use Only

Sexual Harassment Policy Date: _____

OVASE Certification (within the last 3 years): _____

Background Check: _____