

**St. Mary's Church of the Assumption**  
**Catholic Christian Education**  
**Volunteer Form**  
**2017-18**

Full Name: \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

EIM certification?                      Yes                      No

\*\*\*Will need a copy of your certificate\*\*\*

**Volunteer Preference:**

**Teaching                      Assisting**

**Preferred grade:** \_\_\_\_\_

List child(ren) that will be attending CCE 2016 – 17

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_