



# SJN Catholic Parish Religious Education Office

## 2024-2025 CCD Teen Volunteer Application

### Teen Volunteer Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Cell No.: \_\_\_\_\_ Email \_\_\_\_\_

Month/Day of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### Parent Contact Information

Parent 1: \_\_\_\_\_  
*Last First M.I.*

Cell No.: \_\_\_\_\_ Email \_\_\_\_\_

Parent 2: \_\_\_\_\_  
*Last First M.I.*

Cell No.: \_\_\_\_\_ Email \_\_\_\_\_

### I would Like to Volunteer as a

Catechist/Teacher

YES NO

Catechist Aide/Teacher Aide

YES NO

Office Help

YES NO

### Session Preferred

- Tuesday 4 PM – 4:55 PM
- Tuesday Evenings 7 PM – 8:15 PM
- Sundays 10:10 AM – 10:55 AM

Comments:

\_\_\_\_\_

\_\_\_\_\_