

**St. Luke Catholic Community
Faith Formation Program
Volunteer Form**

Name: First _____ Home Phone _____
Last _____ Work Phone _____
Cell Phone _____

Address: _____

City, St, Zip _____

Email Address: _____

Position for which I am volunteering:

Teacher – (Grade of Choice):

List below, in spaced provided, grades you wish to teach in order of preference:

1) _____ 2) _____ 3) _____

Teacher's Aid – (Grade of Choice):

List below, in space provided, grades you wish to assist in order of preference:

1) _____ 2) _____ 3) _____

From the list below, please check all those you may be interested in:

Substitute Teacher _____ Record Keeper _____

Special Projects _____ Office Assistance _____

Seminar Leader _____ Other _____

Are you a registered parishioner of St. Luke? Yes ___ No ___

When and Where did you receive the Sacrament of Confirmation?

Are you available to assist in the Faith Formation office during the week?
If so, please check day and time you are available.

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

8:00 AM – 12:00 PM ___ 1:00 – 5:00 PM ___ Other _____