

**Sunday School/CCD**  
**TEACHER/TEACHER ASSISTANT VOLUNTEER**  
Application - 2015- 2016

PLEASE TYPE or PRINT

Date \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_\_\_

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Middle name

Home Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone -day

\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Telephone -evening

\_\_\_\_-\_\_\_\_-\_\_\_\_\_

E-mail address

\_\_\_\_\_

**AFFILIATION**

St. Augustine Parishioner?

- Yes  
 No

Other Parish

\_\_\_\_\_  
Please specify

Confirmation

\_\_\_\_\_  
Year

\_\_\_\_\_  
Parish/Location

**TEACHING EXPERIENCE** (check all that apply)

- Professional \_\_\_\_\_  
Please specify
- Sunday School \_\_\_\_\_  
Please specify
- General \_\_\_\_\_  
Please specify

**EDUCATION & TRAINING** (check all that apply)

- Academic Degrees \_\_\_\_\_  
Please specify

**CERTIFICATION & LICENSES**

- Catechist Certification
- Other \_\_\_\_\_

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Please specify

**Special Skills & Knowledge**

- Language other than English
- Artistic
- Technology
- Other \_\_\_\_\_

Please specify

For more information

<http://saintaugustine-dc.org/wp-content/uploads/2013/04/Sunday-School.pdf>

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Darryl Johnson      johnson1012@verizon.net

**Return completed form the church office**

**For Office Use Only**

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**Compliance with Archdiocese & Parish Requirements**

- Volunteer Application
- Protecting Our Children Training
- Fingerprinting
- Background check

**SUNDAY SCHOOL CLASS ASSIGNMENT \_\_\_\_\_**