

St. John Vianney Catholic Church Nursery Nursery Volunteer Registration Form

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

When are the best days for you to volunteer?

What age group (for example: infants, toddlers, elementary up to age 7...) would you most like to work with?

What is the best time of day to contact you? _____ am _____ pm

Have you completed the "Protecting God's Children--VIRTUS" Workshop?

() Yes () No

If yes, where did you take it? _____

***If not, please inform the coordinator to receive workshop information/registration. This is a one-time, free class that enables you to volunteer with children.**

What are your main interests?

Why would you like to volunteer in the nursery?

Please provide one non-relative reference with phone number. How do you know this person?

Volunteer Signature

Parent Signature (If under 16 years of age)

****Volunteers must be at least 15 years of age.**