

OFFICE OF RELIGIOUS EDUCATION

St. Matthew Catholic Church

CCD Volunteer Data Form

Name: _____ Today's Date: _____

Address: _____

City, State, Zip: _____ Birthdate: _____

Marital Status: _____ Spouse's Name: _____ Maiden Name: _____

If you are a parent, please list the names of your children: _____

E-mail Address: _____ Home Phone: _____

Place of Employment: _____ Cell Phone: _____

EDUCATIONAL BACKGROUND:

High School Attended: _____ Year Graduated: _____

College(s) Attended: _____ Years: _____

Degree/Major: _____ Date of Graduation: _____

Workshop(s) attended in relation to Religious Education. Please briefly describe content of and give title of workshop(s):

Have you ever worked in Church ministry or other work involving children? Please circle one: Yes No

If yes, briefly describe your work: _____

The Diocese of Peoria requires all staff and adult volunteers involved with children's programs to complete these basic requirements:

1. CANTS form submitted to the Department of Child and Family Services
2. Fingerprints submitted to the Illinois State Police
3. Attend a Safe Environment Training Program (conducted locally)

Have you completed any or all of these requirements? Yes No

If yes, please circle the number of the requirement(s) you have completed above.

If yes, for which parish/program? [] St. Matthew, Champaign [] Other: _____

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TEACHING EXPERIENCE:

<u>Grade:</u>	<u>Number of Years:</u>	<u>Place:</u>	<u>Type of Program:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARISH ORGANIZATIONS/MINISTRIES: Please list the organizations/ministries in which you participate(d):

What are your reasons for becoming involved with the CCD Program? _____

What are your expectations of the CCD Program at St. Matthew? _____

What are your expectations of the CCD Program Coordinator (DRE)? _____

In which capacity are you interested in serving? Please circle one:

Catechist Co-Catechist Classroom Helper/Aide Substitute Catechist

Grade level(s) you would be interested in serving: _____

REFERENCES:

Please list the names and contact information for two adults who could recommend you as a catechist, preferably from St. Matthew Parish.

Name: _____ E-mail Address: _____

Phone Number: _____ How long have you know this person? _____

Name: _____ E-mail Address: _____

Phone Number: _____ How long have you know this person? _____

Signature, verifying all of the above information is accurate: _____

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