

Our Lady of Good Counsel
Office of Religious Education
Catechist Information Sheet: Teen Aides

School Year: _____

Name: _____

Address: _____

Home Phone: _____ E-mail: _____

School Attending: _____ Grade: _____

Are you doing this as a service project?: _____
Please be sure that all service forms or verification letters which need to be written are given to Dr. Dix well before school deadline!

Are there sports or other activities that will interfere with you making a full year commitment?
If so, please list details:

Experience working with / supervising children: _____

Day preferred: *Please circle:* Monday Tuesday Thursday

You will be assigned as needed. If you have a specific request for a grade or class, please indicate:

We have read the *Teen Volunteers: Service Guidelines*, and agree to abide by the guidelines listed.

Volunteer Signature: _____ Date: _____

Parent / Guardian Signature: _____

Please return this form to Dr. Linda Dix, Office of Religious Education