

PARENT VOLUNTEER FORM

Student Name: _____ **Grade:** _____

Parent Name: _____

We ask that parents volunteer at least once per semester at Faith Formation. Below is a list of where we could use your help. Please check all those that interest you. And please remember that the Lord will not be outdone in generosity. *Thank you for your help!*

Board Member Representative _____

Catechist or Aide (*which grade do you prefer?*) _____

Catechist or Aide Substitute _____

Classroom when needed by Catechist _____

Service Projects:

POWER OF ONE Christian Service _____

FOOD DRIVE (February, March) _____

Vacation Bible School (June) _____

Hall Monitor _____

Opening and Closing Masses (Sept., May) _____

Special Occasions and Celebrations _____

Providing Classroom Snacks _____

Others: _____

