



**VOLUNTEER REGISTRATION FORM**

**2019-2020**

**PERSONAL INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is Texting ok? Yes No

Email Facebook? Yes No

Preferred Communication Method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of children or a spouse active in St. Mark’s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you over 18? \_\_\_ Have you been baptized? Yes No

What year did you begin attending St. Mark’s? \_\_\_\_\_\_\_\_\_\_\_\_ Are you a member? Yes No

**PREFERENCES**

In which Children’s Faith Formation group are you Please indicate which sessions you are available

interested in serving during 2019-2020? for: (confirmation will be sent prior to each

 session)

 **Group** **Sessions**

 Preschool (3-4) A: Sept. 15 – Oct. 20 (6 wks)

 Pre-K (4-5) B: Oct. 27 – Dec. 22 (9 wks)

 Kindergarten & 1st Grade ages 5-7 (No CFF Dec. 1, Dec. 29, & Jan. 5) 2nd & 3rd Grade ages 7-9 (Christmas Program Dec. 15)

 4th Grade ages 9-10

 Not Sure 2020:

 D: Jan. 12 – Feb. 23 (7 wks

 E: Mar. 1 – Apr. 5 (6 wks)

 (No CFF Apr. 12)

 F: Apr. 19 – June 14 (9 wks)

**TRAINING**

Saturday, September 14, from 9 – 11 a.m. in Children’s Faith Center Can attend Cannot attend



**LEGAL**

In caring for children, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe and nurturing relationships. Please complete the attached Washington State Patrol background check form, required each year from our volunteers.

Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in St. Mark’s Children’s Faith Formation? (i.e. relationships, other commitments, etc.)

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

**REFERENCES** (If first time as Children’s Faith Formation volunteer at St. Mark’s)

1.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email/Phone

2.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emai/Phonel

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The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to St. Mark’s Lutheran Church by The Narrows or its representatives to release any and all records and information relating to working with minors. The Church may contact my references and appropriate agencies as deemed necessary in order to verify my suitability as a children’s volunteer.

I understand that the personal information will be held in confidence.

Signature Date