

# Fort Bragg Catholic Religious Education

## Volunteer Registration 2012 – 2013

**Official Use Only:** Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_; ID Card Checked: Yes/No; Class Assignment: \_\_\_\_\_

Back Ground Check Issued On: \_\_\_\_/\_\_\_\_/\_\_\_\_; Back Ground Check Turned In On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Boy Scout Completion Certificate Turned In On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position desired (please number priority all acceptable slots – 1 is the first):

Catechist \_\_\_\_; Asst. Catechist \_\_\_\_; Substitute Catechist \_\_\_\_; **GRADE DESIRED:** \_\_\_\_; Retreat Assistance \_\_\_\_;

Setup/take down for meeting \_\_\_\_; RE Hall monitor \_\_\_\_; Other \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Home Address: \_\_\_\_\_

Street

City

Zip Code

Email Address: \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

Phone Numbers: \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_

Home #

Mother's Cell #

Dad's Cell #

Male/Female; Highest Education Level Attained: \_\_\_\_\_; Chapel where you attend Mass: \_\_\_\_\_

Previous Religious Education taught: Position: \_\_\_\_\_; Grade(s): \_\_\_\_\_

Do you have any medical conditions that are case of an emergency we should be aware of? (I.e. Diabetes, epilepsy, asthma,

ADHD, prior strokes or heart attacks, etc.) \_\_\_\_\_

Children that you have enrolled in our program:

\_\_\_\_\_ Grade: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**Please read before signing: (If you concur please initial each block provided)**

1. \_\_\_\_\_ In the event that emergency medical care should be required, such as deemed necessary by Army/Air Force medical personnel is authorized. A representative of the Fort Bragg Chaplaincy is hereby authorized to obtain necessary care at Womack Army Medical Center. In addition, I understand that only religious Education Staff will have access to above information.
2. \_\_\_\_\_ I commit myself, with the help of Jesus and the Church: to attend all training as requested; to pray continually for my charges; to provide the extra time involved with teaching a sacrament prep class (if applicable) and to try and provide an example for the children to follow.
3. \_\_\_\_\_ I commit to following policies and procedures as may be generated by the Fort Bragg RE Staff.

Signature & date: \_\_\_\_\_

Please bring completed form(s) to the Religious Education Office located at Pope Chapel (just off the corner of Reilly and Ethridge Streets, Pope AAF). Completed forms may be faxed to: 910-394-4259 or emailed to: [Jeffrey.s.barnes4.ctr@mail.mil](mailto:Jeffrey.s.barnes4.ctr@mail.mil)

**PLEASE DO NOT LEAVE THIS FORM AT**  
**YOUR CHAPEL - THANKS**