



School Year \_\_\_\_\_

## RELIGIOUS EDUCATION VOLUNTEER

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

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to help with the following:

Teacher \_\_\_\_\_ Asst. Teacher \_\_\_\_\_ Substitute Teacher \_\_\_\_\_

Family Night \_\_\_\_\_ Halloween Party \_\_\_\_\_ Christmas Eve Program \_\_\_\_\_

For Office Use Only

Date: \_\_\_\_\_ VIRTUS Training \_\_\_\_\_

St. Mary of the Angels  
P.O. Box 819  
Pinetop, AZ 85935