

**Adult Volunteer Registration Form
Religious Education Office
St. Patrick of Heatherdowns
4201 Heatherdowns
Toledo, Ohio 43614
419-381-0240**

Name _____

Address _____ City _____ Zip _____

Phone _____ Cell # _____

Email Address _____

Occupation _____

Employed where _____ Work # _____

Are you a practicing Catholic? _____

Do you attend Sunday Mass? _____

Are you a registered St. Pat's parishioner? _____

If no, where _____ How long? _____

I am interested in volunteering for the following program:

___ Sunday Preschool

_____ Children Liturgy of the Word

___ Family Faith Formation

Education background

High School _____ Year graduated _____

College _____ Year graduated _____

Extra courses/conferences/lectures etc. _____

References : Please give two references

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

Please tell me why you want to become an adult volunteer for the Religious Education program.

I understand that I will need to have a background check and be fingerprinted before becoming an Adult volunteer for the Religious Education Office at St. Patrick of Heatherdowns.

Signature _____ Date _____

Please return this form to:
St. Patrick of Heatherdowns
Attn: Chris Kramer
4201 Heatherdowns
Toledo, Ohio 43614