

Saint Margaret Mary Parish
Office of Faith Formation for Children and YOUTH
845 High Street Westwood, MA 02090
781-326-107; 781-329-1879(fax)
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Catechist Application Form

Circle one

Mrs. Miss Ms. Mr. Name: _____

Street: _____ Town: _____

Email: _____

Home phone: _____ Cell phone: _____

I volunteer to: teach ___ co teach ___ substitute ___ help(assist, monitor) ___

Grade(s) ___ Sundays ___ Mondays ___ Tuesdays ___ Thursdays ___

I do ___ do not ___ have (a) child(ren) in Rel. Ed. I do ___ do not ___ want my child in my class.

I am under 18 years of age ___* I am over 18 years of age _____

*If under 18 years of age, what school do you attend? _____ What Grade? _____

Name of parent/guardian: _____ Emergency phone for guardian: _____

Please note: All volunteers (18 & older) must complete a CORI form annually & participate in our Virtus Training Program: Protecting God's Children

Are you a registered member of St. Margaret Mary Parish? Yes ___ No ___**

**If no, please provide name of church, town where you are registered.

Are you a Roman Catholic? Yes ___ No ___***

***If no, please provide your religious affiliation and why you wish to teach the Roman Catholic faith and tradition? _____

Have you taught Religious Education classes before? Yes* ___ No ___

*If yes, where, how many years and what grades. _____

Medical and Educational Information

(All information will be kept confidential.)

Allergies

___ Food (Please specify)

___ Medication (Please specify)

___ Bee stings

___ Other (Please specify)

Illnesses

___ Asthma

___ Seizures

___ Other (Please specify)

___ Physical limitations (Please specify)
