

# Our Lady of Peace Religious Education Catechist Personnel Data Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Are you registered with the Parish \_\_\_ Yes \_\_\_ No (if not please do, so before proceeding)

Home Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Have you been fingerprinted for the Camden Diocese or for a New Jersey public school district?  
Yes \_\_\_ If so, when? \_\_\_\_\_ No \_\_\_\_\_

Are you a practicing Catholic? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ **I would like to be a Catechist** (Note: If you are accepted as a FULL catechist, aide or hall monitor and have children in the Religious Education program, tuition for one (1) student is waived if more than 75% of the sessions are made.

\_\_\_\_\_ **I would like to be an Aide or Hall monitor**

## Session desired:

\_\_\_\_\_ Monday (6:15-7:30PM)

\_\_\_\_\_ Tuesday (6:15-7:30PM)

\_\_\_\_\_ Thursday (5:15-6:30PM)

\_\_\_\_\_ Sunday (9:00-10:15AM)

\_\_\_\_\_ Sunday (10:30-11:45AM)

## Emergency Contact Information:

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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**Catechetical or Other Teaching** (Catechetical Background: Diocese Certification, Record of workshops, classes, and retreats attended to continue personal growth)

## **Please read and sign**

I understand and agree that as a Catechist in the OLOPP Religious Education Program, I will be expected to devote 1¼ hours per week in the classroom as well as at least 1 hour of preparation, and to be present in class 15 minutes before children arrive. I also understand and agree as a catechist, I am expected to attend Catechist meetings and to pursue and maintain certification in a diocesan catechist education program if made available. In addition, I understand and agree to work with the parents of the children in my class religious education for their children. I also understand that I am to maintain a life of good moral values in agreement with the teachings of the Catholic Church, and recognize my service is pursuant upon needs of the program and the approval of the Pastor and the Director of Religious Education.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_