

**St Agnes Youth Program
Adult Volunteer Registration**

Name _____

Address _____

Town _____ Zip _____

Telephone (h) _____ (w) _____ (c) _____

Email _____

Child(ren) in program? YES _____ NO _____

 If YES, name(s) / age(s)

Your special interests or talents? _____

Availability _____

Adult Volunteer Requirements

This will be updated on an annual or as needed basis.

CORI Check Date Completed _____

Protecting God's Children Training Date Completed _____

Review of Youth Program Guidelines

Date Completed _____ By _____ (Youth Committee Member)