

**PARISH DATA SYSTEM
CATECHIST/AIDE REGISTRATION FORM**

Today's Date: ____ / ____ / ____

Family Name: Volunteer Name _____

Family Info: Street Address: _____
City: _____ Zip _____

Phone Number	Description	Listed/Unlisted
_____	Home/Office/Cell	_____
_____	Home/Office/Cell	_____
_____	Home/Office/Cell	_____

Email: _____
Parish: _____

Personal: Birthdate: _____
Occupation: _____

Remarks: Relevant Medications, Allergies or other Health Concerns:

Ministries: Committees or Other Ministries in which you participate

Emergency Contact Name: _____
Relationship: _____
Home Phone: _____ Cell Phone _____

Safe Env. Training: Year: _____
Location (if known): _____

-----Completed by Office-----

Volunteer Detail Info Position: _____ Year Started _____
Grade: _____

Background Check on File _____
Signed Code Form on File _____
VIRTUS name/date on St. V list _____