Our Lady of Belén Faith Formation

Catechist Information Sheet

Date						
Name:			Spous	Spouse:		
Phone - Home:	Cell:			Work:		
Address:		City:		State:	Zip:	
E-mail address:						
Emergency Contact Person	on:			Phone:		
Children: Names:				Age:	Grade:	
				_		
Personal Reference:				Phone		
Occupation:						
Which grade and day do	you currently teach?					
Which grades do you pre	efer to teach?					
Which grades are you wi	lling to teach?					
Which days do you prefe	er to teach?					
Which days are you willi	ng to teach?					
What religious and/or tea	aching experience do you have?					
Other experience with Yo	outh: (i.e. Boy/Girl Scouts, 4/H,	coaching, etc.) _				
Are you willing to help a	s an aide? On what day?					
Religious Affiliation:						
Have you been baptized?	First 0	Communion?		Confirmed? _		
Do you attend Mass regu	larly?	Are you in	good standing with	h the Church?		
Marital Status?	Single Married	Engaged	Separated	Widowed	Divorced	
If married, are you married	ed in the Church?		If divorced, are you	ı remarried?		
If divorced and remarried	l, was your previous marriage ar	nnulled?				
Remarks (Please use the	back of this form if needed):					
Archdiocesan Sexual Ab	use/Awareness Workshop:	No Y	es Date			