



**ST. ALPHONSUS VBS 2018
ADULT VOLUNTEER FORM (18 & OVER)
PLEASE PRINT**

NAME: _____

ADDRESS: _____

PHONE: _____ (H) _____ (C)

EMAIL: _____ **T-SHIRT SIZE:** _____

CHURCH PARISH: _____

Have you completed the Diocesan required background check? YES NO

If YES, processed by (church, school, other)? _____

**Have you completed the Diocesan online safe environment training or previously
attended a child protection class? YES NO Where?** _____

Please check off all areas in which you would be interested in volunteering:

**Please return this form to the St. Alphonsus Faith Formation Office
14040 Greenwell Springs Rd. Greenwell Springs, LA 70739
NO LATER THAN MAY 31st!**

_____ **DECORATING**

_____ **CREW LEADER**

_____ **CLEAN UP**

_____ **RECREATION**

_____ **NURSERY**

_____ **SNACKS**