

Holy Family & St. Robert  
Youth Advisor Contact Info Form

**Volunteer Information:** *PLEASE PRINT CLEARLY*

NAME First: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ (please circle: home/cell/work)

Secondary Phone: \_\_\_\_\_ (please circle: home/cell/work)

Best way/time to reach me: \_\_\_\_\_

**I am a registered parish member at:** (please circle) Holy Family / St. Robert

Other parish: \_\_\_\_\_ / None I would like info on joining: Holy Family / St. Robert

**I have completed** Safeguarding All of God's Family Training No / Yes Year completed: \_\_\_\_\_

At what parish did you complete it: \_\_\_\_\_

**I would like to volunteer for the following role(s):** (please circle)

9<sup>th</sup> and 10<sup>th</sup> Grade Small Group Leader / 9<sup>th</sup> and 10<sup>th</sup> Grade Teen Night Leader / Confirmation

Small Group Leader / Door Monitor/ Volunteer Driver / Service Days / Retreats / Speaker /

Leading Music

\_\_\_\_\_  
Please include any additional information you think we should know, or suggest formation you would like us to provide for you: