

**OUR MOTHER OF GOOD COUNSEL
RELIGIOUS EDUCATION
VOLUNTEER INTENTION**

Name: _____

Address: _____

Phone: _____ Cell: _____

E - Mail: _____

My email address may be shared with other volunteers in my grade/session

_____ Yes _____ No

___ **YES, I would like to volunteer.** Please circle your intention:

Teach Aide Front Desk Traffic Hall Monitor Child Care Sub

Please indicate 1st and 2nd choices.

Grade 1 _____ Grade 4 _____ Grade 7 _____

Grade 2 _____ Grade 5 _____ Grade 8 _____

Grade 3 _____ Grade 6 _____

I will volunteer for the following Sessions:

Please circle:

Session A and B

Session A only

Session B only

Child Care will be offered at all sessions for the children of the volunteers.