

## EMERGENCY CONTACT INFORMATION

(Names **MUST** be individuals other than parents who we can call if neither parent can be reached!)

Emergency  
Contact 1

\_\_\_\_\_  
Name (not a parent) & relationship

\_\_\_\_\_  
Home / work phone

\_\_\_\_\_  
Cell Phone

Emergency  
Contact 2

\_\_\_\_\_  
Name (not a parent) & relationship

\_\_\_\_\_  
Home / work phone

\_\_\_\_\_  
Cell Phone

Family Doctor:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number.

**Consent for treatment:** Should it become necessary for my child to have medical treatment, I hereby give the Child Faith Formation personnel at St. Lorenzo Ruiz Parish permission to use judgment in obtaining medical service for my child(ren), and I give permission to the physician selected by the parish personnel to render medical treatment deemed necessary and appropriate by the physician.

Parent signature: \_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

***"What can I offer the Lord, for all the Lord's goodness to me ?" Psalm 116:12***

Your assistance is vital to our program. Without our valuable volunteers, we could not offer a Religious Education Program in our parish. Your involvement will also enrich your life and your child's life. Check off the area you are interested in and you will be contacted with more information!

- Teach a Religion Class:** Teach a class once a week. Training is available. .
- Substitute Catechist:** Fill in for Catechist when needed.
- Adult Aide:** Assist the catechist in the classroom once a week.
- Traffic Monitor / Security:** Help monitor the pick-up and drop off area to ensure children's safety.
- Clerical Help:** Provide clerical help in the Religious Ed office.
- Refreshment Committee:** Provide and/or serve refreshments for various meetings or celebrations.
- Parent Advisory Board:** Provides program support & opportunities for family involvement.
- Safeguard the Children Committee:** Meets quarterly and assures a safe environment for the children of the parish.

YES! I would like to help! Day: \_\_\_\_\_ Class: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

**All volunteers must be fingerprinted and complete VIRTUS training before beginning volunteer positions.**

Please call Gaby Coria at 909-468-1812 if you have any questions.