

HOLY FAMILY CATHOLIC CHURCH RELIGIOUS EDUCATION VOLUNTEER FORM

NAME:		EMAIL:		
PHONE (H):	H): PHONE (C):			
ADDRESS:				
	STREET	CITY	STATE	ZIP
PLEASE CHECK A	REAS OF INTEREST:			
☐ RITE OF CHRIS	STIAN INITIATION (RCIA))		
□ RCIA Assist.	ANT			
☐ OTHER (PLEAS	SE DESCRIBE):			
**PLEASE NOTE:	RCIA CLASSES MEET ON S	Sundays (Aug. – Apr.) Fi	ROM 8:30 A.M. – 9:45 A.M.	
DO YOU HAVE PR	REVIOUS RELIGIOUS EDUC.	ATION/TEACHING EXPERIE	ENCE?	
□ YES □ No				
IF YES, PLEASE B OBTAINED:	RIEFLY DESCRIBE YOUR F	PREVIOUS EXPERIENCE AN	ID ANY DIOCESAN CERTIFIC	CATION (IF ANY) YOU

ONCE COMPLETED, PLEASE RETURN THIS FORM TO THE PARISH OFFICE. ALSO, IF YOU HAVE ANY OTHER QUESTIONS, PLEASE CONTACT HENRI BRADLEY AT (858) 243-9891 AND/OR HBRADLEY@ONEHOLYFAMILY.ORG