



St. Joseph YFF Catechist Information

Name _____

Address/City/Zip _____

Preferred Phone: _____

Email Address _____

(This will be our primary means of communication throughout the year.)

Grade Level preference: First Choice _____ Second Choice _____ No preference _____

(Check one of the following statements)

_____ I would like to work with a Co-Catechist.

_____ I would prefer to lead the class but would welcome an assistant.

If you have a child enrolled in REP do you want your child in your class?

_____ Yes _____ No

EXPERIENCE

Current Employment: _____

Education: _____

Experience as a religious educator: _____

What other parish activities are you now or have you been active in: _____

I have been a member of St. Joseph for _____ years.

I was previously a member of _____ parish
for _____ years.

- I am committed to being faithful to the teachings of the Catholic Church as a catechist.
- I am committed to attending all scheduled catechist formation sessions.
- I will complete a Diocese of Des Moines Background Screening form.
- I will read the Diocese of Des Moines Code of Conduct.
- I will complete the online Virtus session.

Signature

Date