

St. Alphonsus Church
Faith Formation Volunteer Interview Form
14040 Greenwell Springs Road
Greenwell Springs, LA, 70739
Phone 261-4644 or Fax 261-5650

Name: _____

Phone: _____ **(W) Email:** _____

_____ **(H) Date of Birth** _____

Address: _____

City, State Zip _____

1. What attracted you to volunteer with the *Faith Formation Program*?

2. Please describe a previous volunteer experience or similar activity in working with others. What did you like most about this experience?

3. What skills and qualities do you feel you have to contribute to the *Faith Formation Program*?

4. Describe any fears or uncertainties you have about volunteering with the *Faith Formation Program*.

5. What do you hope to experience or gain while volunteering here? What would make you feel you've been successful?

6. Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Mini Course (6 Saturdays a school year)
- Learning Group (2 Sundays a month during school year)
- At-Home (4 Thursdays a school year)
- Confirmation Mentor
- Sunday School (Rotate Sunday's at the 10 am mass)
- Children's Liturgy (Rotate Sundays at the 10am mass)
- Vacation Bible School (June)
- Adult Confirmation (Begins around January till Pentecost)
- RCIA (meet on Thursday nights)
- Kids in Ministry (family activities with young children)

7. Is there a group you particularly want to work with? (Circle all that apply)

Young Children Middle School Children High School Young People
Adults

8. Have you had the diocesan required background check? If yes, processed by what church/school _____

9. Have you had diocesan certification classes? Yes No If no, are you willing to take certification classes? Yes No

Please return the form to the parish office.

Office Use Only:
Background/Finger Print

Date Processed _____
Child Protection Cert. _____
Code of Ethics _____