



FAITH FORMATION VOLUNTEER INTAKE FORM 2026-2027

PLEASE NOTE: These roles **MUST** be filled to successfully run the Faith Formation Programs.

VOLUNTEER ROLES

- **Catechist:** Lead teacher who receives specific educational training and curriculum.
- **Catechist Assistant:** Assists the catechist with class, receives educational training and curriculum.
- **Substitute Catechist/Assistant:** On call to fill in when a catechist/assistant is unable to teach.
- **Hall Monitor:** Asked to monitor hallways and perform various tasks during classes.
- **Core Team for Life Teen (SENT High School Missionaries):** Dynamic Catholics who are eager to serve and lead our youth by example; actively participating in all aspects of the program (small groups, games, retreats, etc.).

I will volunteer as a: _____

PLEASE CHECK MARK YOUR PROGRAM PREFERENCE(S):

- **Elementary Program on Sundays (8:00am-9:15am):**

K 1st 2nd 3rd 4th 5th

- **Elementary Program on Wednesdays (4:45pm-6:00pm includes Mass):**

K 1st 2nd 3rd 4th 5th

- **OCIAC on Sundays (11:00am-12:30pm):**

OCIAC Year I OCIAC Year II

- **SFB on Sundays (11:00am-12:30pm):**

SFB I (2nd-6th) SFB I (7th-11th) SFB II (3rd-7th) SFB II (8th-12th)

- **Middle School Program on Sundays (3:45pm-5:00pm):**

6th 7th 8th

- **Middle School Program on Wednesdays (4:45pm-6:00pm includes Mass):**

6th 7th 8th

- **High School on Sundays (5:30pm-8:30pm includes Mass):**

9th 10th 11th 12th

- **Special Education Needs:**

Sundays Wednesdays

Check one: I am an Adult Volunteer - or - I am a Teen Volunteer

Full Name: _____

Email: _____

Phone #: _____



Volunteer Waiver and Release of Claim

In consideration of and as a condition to being permitted to participate in the volunteer activities of the _____ (the "Event") for The Diocese of Colorado Springs, or its related organizations* ("the Diocese"), the undersigned hereby waives and releases any claims or causes of action for any damages, personal injury, or property loss which the undersigned may have, or which may subsequently accrue to the undersigned, arising directly or indirectly from participation in the Event.

The undersigned acknowledges and understands that accidents resulting in injury occasionally occur during such activities, as the undersigned will be engaging in during the Event. Notwithstanding the foregoing, the undersigned hereby agrees to fully assume any and all risk of harm or injury which may occur to the undersigned during the Event, and to release and hold harmless the Diocese and its officers, agents, employees and other volunteers from any claims or causes of action as set forth above.

It is further understood that the undersigned is volunteering his or her time and labor to the Event. The undersigned acknowledges and understands that as a volunteer, he or she is not eligible for any wages or other benefits of employment, such as workers' compensation insurance, and the undersigned fully waives any claim for same for any work or activity he or she contributes during the Event.

Finally, it is understood and agreed that this waiver, release, and assumption of risk is binding on the heirs, successors, and assigns of the undersigned.

Event Volunteer

Date

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

* "Related Organizations" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc, Partners in Housing, Ave Maria Catholic School Corporation, The Catholic Foundation of the Diocese of Colorado Springs, Inc., Queen of Heaven Cemetery.