I.C. VOLUNTEER ROSTER

Activity/Organization____

Activity Chairperson(s)__________________________________(telephone)__________________

__________________________________(telephone)__________________

Activity Date(s) **Beginning Date**__________ **Ending Date**__________ **# of Children Participating**_____

Please provide the following information for all current volunteers in your organization working with children or youth. Indicate <u>date</u> volunteer attended **"Protecting God Children"** (PGC) and <u>date</u> of **Criminal Background Check.** Please print and return completed roster to the Parish Office.

NAME OF VOLUNTEER	TELEPHONE	POSITION/TITLE	PGC	BACKGROUND CHECK