

Religious Education Teacher Information Form

[To be completed by **all** members of the Religious Education Staff and Volunteers]

Name: _____
Last First Middle

Birth date: _____ Age: _____

Address: _____
Street Apt. # (if any)

_____ City State Zip

Daytime Phone: _____ Weekend/
Evening Phone: _____

Email (please print neatly): _____

Are you a certified Teacher? _____

What grade level are you currently teaching / assisting? _____

Are you currently enrolled in CCD? _____ What grade? _____

What grade level(s) have you taught in the past? _____

Have you completed the AD Sexual Harassment Class? _____

Have you been instructed in the LURES Program? _____

Please list any applicable education/ experience that you feel will help us in your placement as an educator in our Religious Education Classes:
