



**EMMAUS CATHOLIC PARISH
ESL Volunteer Application**

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: (____)____-____ Work Phone: (____)____-____ Cell Phone: (____)____-____

Email Address: _____

Current Occupation: _____

If retired, what was your occupation? _____

Are you a student? Yes No If YES, what school are you attending? _____

EMERGENCY CONTACT INFORMATION-----

Name: _____ Relationship: _____

Home Phone: (____)____-____ Work Phone: (____)____-____ Cell Phone: (____)____-____

Best method to reach person? _____

Please list any medical conditions of which we need to be aware so that we can assist in the event of an emergency.

Please list any physical limitations or needs that need to be accommodated while volunteering with us.

Please list any special interests, skills, or hobbies that you might like to share as a volunteer with us.

Are you volunteering as part of a community service commitment? Yes No If YES, what is the community service?

LANGUAGES-----

Please list any languages you know other than English and rate your ability on a scale of 1 to 10 (1=minimal; 10=fluent):

Language	Speaking (1-10)	Writing (1-10)	Reading (1-10)

EIM COMPLIANCE-----

All volunteers must complete the Ethics and Integrity in Ministry (EIM) process. First time applicants must complete the Basic Workshop, while all others must attend a one-hour Refresher Workshop every three years.

Have you completed the workshop? Yes No If YES, please indicate completion date: _____

If NO, please call the parish office to register, (512) 261-8500. You will also need to complete an application with the Diocese of Austin. Visit www.emmauslakeway.com/eim for the application link.

EXPECTATIONS-----

Below are the expectations for this ministry. All volunteers MUST:

- be fluent in English.
- be willing to commit to responsibilities.
- be willing to attend required training sessions.
- be willing to attend the required EIM Workshop.
- show respect, compassion and patience to all students.
- not allow others to be disrespectful in class.
- keep all student information confidential.

I agree to abide by these principles. Signature: _____

CLASS PREFERENCE-----

ESL classes run September–June on Wednesday evenings, 7:00-9:00 PM. Please mark your preferences in volunteering for this ministry.

ESL Teacher ESL Asst. Teacher Preference Level: Beginning Intermediate Advanced

The information on this application will only be shared with the program director and parish staff. Contact information will only be used in case of emergency.

Thank you for your interest in this ministry. You will make a significant difference in your students’ lives. God bless you!

Please return form to: Emmaus Catholic Parish | (512) 261-8500 | Fax (512) 261-8200