



DIVINE MERCY ACADEMY

Truth through Faith and Reason

Volunteer Application

Name, phone, email address of DMA representative:

Please return this application to the above address by (date): _____

Date _____

Name: _____

First

MI

Last

Familiar name

Residence

Address _____

Phone _____

E-mail _____

Are you a participating member of a Catholic parish? Yes_____ No_____

If so, Parish _____

How would you like to serve Divine Mercy Academy?

Areas where you may have skills, experience or interest: (Please circle all that apply)

Administration

Bookkeeping

PO Box 10658, Bozeman, MT 59719

406-388-7588 ♦ info@dmamt.org ♦ <http://dmamt.org>

Classroom Aide

Recess/PE Aide

Fundraising

Special events

Grant Writing

Teaching (area of competency)

Library Aide

Public Relations, Communications

Other _____

Other _____

PLEASE NOTE: ALL ADULTS WHO WORK DIRECTLY WITH THE CHILDREN MUST BE VIRTUS (Safe Child Program) TRAINED.

Are you VIRTUS trained? Yes _____ Where and When _____

No _____

As part of the VIRTUS program a background check is required. When you meet with a representative from DMA, more information will be provided.

Thank you very much for applying. We will be back with you as soon as we have had an opportunity to review your application.

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