



Volunteer Information

Full Name _____
First Middle Initial Last

Address _____
Street Address Apartment/Unit # Zip Code

Best Phone Number to reach you: _____ Alternative number _____

Email _____

Parish Affiliation: _____

Ministry Interest: Please check all that apply by clicking on the box

- Boards and Councils
- Faith Formation: please specific ministry(s)
___ Adult ___ Children ___ Teens
- Liturgy: please specific ministry(s)
___ Extraordinary Minister of Holy Communion ___ Reader ___ Usher ___ Greeter
___ Music ___ Master of Ceremony ___ Sound
- Church Office: please circle specific ministry(s)
___ Front Desk ___ Business Office
- Pastoral Care:
___ Homebound ___ Hospital ___ Funeral
- School
- Social:
___ Coffee and Doughnuts ___ Parish Picnic ___ Women's You Night
___ Senior Christmas Dinner
- Other: _____

Please save your file and return to jlcoleman@stjosephfc.org at your earliest convenience.

For Office Use

- Safe Environment Training date _____
- Code of Conduct signing date _____
- Hold Harmless Agreement signing date _____
- If working directly with children or handling money
 - Background Check Completion date _____

Pastor Signature _____ Date _____