



Volunteer Information

Full Name _____
First Middle Initial Last

Address _____
Street Address, Apartment/Unit #, City, State, Zip Code

Best Phone Number to reach you: _____ Cell? Land Line?

Email _____

Parish Affiliation _____

Ministry Interests

Faith Formation

- Adult
- Children*
- RCIA
- Youth*

St. Joseph School

- Volunteer*

Parish Support

- Secretarial
- Business Office**

Funerals

- Dessert Donation
- Lunch/Dinner
- Coordinating
- Preparing
- Serving

Socials

- Coffee and Donuts**
- Parish Picnic
- Other Events

Other Ministries

Liturgy -- Mass time(s) you want to serve: _____

- Altar Servers
- Altar Society
- Hospitality/Greeter
- Lector
- Sound
- Usher**
- Master of Ceremony
- Decorating
- Eucharist Adoration

Extraordinary Minister of Holy Communion

- At Mass
- Homebound*
- Care Facility*
- Hospital*

Music

- Choirs
- Groups
- Cantor
- Handbell Choir
- Musician

Please indicate if you want to serve:

- Sat. Vigil/Sunday
- Weekdays

Please fill in, save to your device and return to Jeanette Coleman: jlcoleman@stjosephfc.org

* Requires Safe Environment Training, Read & Sign Code of Conduct, Background Check
 ** Requires Background Check