



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

- Receptions
- Coordinator

Socials

- Coffee and Donuts
- Parish Picnic
- Other Events

Other Ministries

Liturgy

- Altar Servers
- Altar Society
- C.A.R.E.**
- Decorating
- Eucharistic Adoration
- Extraordinary Minister
of Holy Communion (EMHC)
- Hospitality/Greeter
- Lector
- Master of Ceremony
- Sound
- Usher**

EMHC

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

Music

- Cantor
- Choirs
- Groups
- Handbell Choir
- Instrumentalist

Serving Preference

- Sat. Vigil/ Sunday

Mass Time Preference:

- _____
- Weekdays

Please complete, save to your device and return to Lauren Jones: ljones@stjosephfc.org

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

** Requires Background Check