SAINT JOSEPH
CATHOLIC PARISH & SCHOOL

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*
- ☐ OCIA
- ☐ 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 Sue Shortridge: sshortridge@stjosephfc.org

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

** Requires Background Check