

# CRISTO REI ROMAN CATHOLIC CHURCH

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a registered parishioner here? \_\_\_\_\_ YES \_\_\_\_\_ NO

How long have you been a parishioner here? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

### WHAT POSITION(S) ARE YOU INTERESTED IN?

Ministry of the Word (Lector) \_\_\_\_\_

Extraordinary Minister of Holy Communion \_\_\_\_\_

Extraordinary Minister of Holy Communion \_\_\_\_\_

of the Sick to Homes or Institutions \_\_\_\_\_

Music Ministry \_\_\_\_\_

Ministry of Hospitality \_\_\_\_\_

Liturgical Ministry \_\_\_\_\_

Sacramental Preparation Team (Catechist) \_\_\_\_\_

Social Ministry (parish feasts & celebrations) \_\_\_\_\_

Cleaning Ministry \_\_\_\_\_

Others \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_