

**Our Lady of the Miraculous Medal Parish
Gifts & Services
(ONE FORM PER PERSON)**

Family Name: _____ First Name _____

Telephone: _____ Address _____ Postal _____

Code _____

Email: _____ Occupation _____

Please complete this form even if you are currently sharing your Time and Talent.

*** Please complete reverse for medium sensitivity ministries.**

You will be contacted in the next few weeks.

<p><u>Liturgy</u> Altar Servers 8 years + <input type="checkbox"/> Time: _____</p> <p>* Children's Liturgy * <input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Teen Assistant 9am Mass () 10:45am Mass ()</p> <p>Ministry Scheduler <input type="checkbox"/></p> <p>Sacristan <input type="checkbox"/></p> <p>Lector/Commentator <input type="checkbox"/> Time: _____</p> <p>Eucharistic Minister <input type="checkbox"/> Time: _____</p> <p>Usher <input type="checkbox"/> Time: _____</p> <p>Ministry of Music <input type="checkbox"/> Adult Choir <input type="checkbox"/> Youth Choir <input type="checkbox"/> Instrumentalist</p> <p>* Youth Ministry * 13 -18 yrs <input type="checkbox"/> Participant <input type="checkbox"/> Assistant</p>	<p><u>Catholic Women's League</u> <input type="checkbox"/> More Information <input type="checkbox"/> Wish to become member</p> <p><u>Knights of Columbus</u> <input type="checkbox"/> More Information <input type="checkbox"/> Wish to become member</p> <p><u>Social Justice</u> <input type="checkbox"/></p> <p>*Pastoral Care * <input type="checkbox"/> Visiting (daytime) <input type="checkbox"/> Communion (daytime) <input type="checkbox"/> Mass Chauffeur</p> <p><u>Baptism Preparation</u> <input type="checkbox"/> Team member</p> <p><u>Parish Library</u> <input type="checkbox"/> Volunteer</p> <p><u>Hospitality</u> (Coffee Sunday) <input type="checkbox"/> 9:00 am Mass <input type="checkbox"/> 10:30 am Mass</p> <p><u>Office Help</u> <input type="checkbox"/></p>	<p>* <u>Sacramental Preparation *</u> <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation</p> <p><u>RCIA - Rite of Christian Initiation of Adults</u> <input type="checkbox"/> Facilitator <input type="checkbox"/> Wish to join</p> <p><u>Marriage</u> <input type="checkbox"/> Preparation <input type="checkbox"/> Enrichment Dinner</p> <p>Church Decorating <input type="checkbox"/></p> <p><u>Pro-Life</u> <input type="checkbox"/></p> <p><u>Cemetery Committee</u> <input type="checkbox"/></p> <p><u>Tradesperson</u> <input type="checkbox"/> Trade _____</p> <p><u>Vacation Bible School</u> <input type="checkbox"/> Representative <input type="checkbox"/> Helper</p> <p><u>Other</u> Please specify <input type="checkbox"/> _____</p>
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(If married) I testify that I am validly married in the Catholic Church.

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**Responsible Ministry
VOLUNTEER INFORMATION FORM**

REFERENCES: Please provide two references who can describe your suitability for this ministry. References should not be family members; however, they may be other parishioners who know you or other people with whom you have worked.) *Please remember to notify these people that the parish will be contacting them.*

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Relationship to applicant: _____

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Relationship to applicant: _____

For medium or high sensitivity ministries.

I, _____, authorize the Parish Responsible Ministry Coordinator of Our Lady of the Miraculous Medal Parish to contact the character references which I have listed on this information form. I understand that the information obtained will be confidential.

Signature: _____ Date: _____

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