

Ministry Volunteer Application

Somerville Tri-Parish Collaborative

Please turn this application into the rectory

Location you would like to volunteer at (Please Circle)

St. Joseph Parish St. Ann Parish St. Catherine Parish Collaborative

Name: _____
(First) (Last) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone #: (Home) _____ (Cell) _____

Email: _____

Date of Birth: _____ Gender: (circle) Male / Female

Position you would like to volunteer for? _____

If you would like to start a new ministry please tell us more about it. _____

Do you have any experience in the field of this ministry? _____

Do you have any education that would help in this ministry? _____

When would be a good day and time for us to call you in order to schedule a
interview and any training that might be necessary? _____

Have you completed the VIRTUS- Protecting God's Children Training? Yes No
If yes please bring a copy of your certificate of completion or print it from
virtusonline.org