



# VOLUNTEER FORM



**T**hese activities and programs require volunteer participation year round. Kindly review the brief descriptions found on this Year Round Activity List. Please fill out this Volunteer form by marking (x) in the areas in which you may be of service.

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Religious Education                                  | <input type="checkbox"/> Lector (not eligible for PPP hours)  |
| <input type="checkbox"/> Baptism Preparation  | <input type="checkbox"/> Legion of Mary                       |
| <input type="checkbox"/> Blood Drives   | <input type="checkbox"/> Library                              |
| <input type="checkbox"/> CCD-Religious Instruction                                  | <input type="checkbox"/> Marriage Preparation                 |
| <input type="checkbox"/> Cafeteria (11:00 AM to 1:00 PM)                            | <input type="checkbox"/> Ministry to sick/elderly             |
| <input type="checkbox"/> Choir (not eligible for PPP hours)                         | <input type="checkbox"/> Ministry to those in need            |
| <input type="checkbox"/> Clinic   | <input type="checkbox"/> Parking lot monitor                  |
| <input type="checkbox"/> Coffee and Donuts  | <input type="checkbox"/> Playground monitor (lunch recess)    |
| <input type="checkbox"/> Communion Ministers  | <input type="checkbox"/> Family Life Committee                |
| <input type="checkbox"/> Community Life Ministry                                    | <input type="checkbox"/> School Supply Store                  |
| <input type="checkbox"/> Development  | <input type="checkbox"/> Scouts- Girls____ Boys____           |
| <input type="checkbox"/> Grief and Bereavement                                      | <input type="checkbox"/> Substitute Teacher                   |
| <input type="checkbox"/> Home Visitation  | <input type="checkbox"/> Usher                                |
| <input type="checkbox"/> Label Cutting and Collecting                               | <input type="checkbox"/> Women's Club                         |
| <input type="checkbox"/> Laundering of the Albs and<br>Altar Server Robes (at home) | <input type="checkbox"/> Xerox (copying school days/am hours) |
|   | <input type="checkbox"/> Youth Ministry                       |

**R**eturn this form to the School or Parish office or place in the collection basket at all masses as soon as possible.

**Please Print Clearly**

Volunteer Full Name \_\_\_\_\_

Family Name \_\_\_\_\_ Oldest Child Name \_\_\_\_\_

Room No. \_\_\_\_\_ Check one of the following: Parishioner with child in St. Rose School \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work No. \_\_\_\_\_

Cell No. \_\_\_\_\_ Email address: \_\_\_\_\_