

Pastoral Care Volunteer Supplementary Information

Name: _____ Date: _____

Are you registered at St. Mary Magdalene? Yes ___ No ___

Are you willing to make a commitment to this ministry for one year? Yes ___ No ___.

Have you completed Safe Environment Training in the Diocese of Phoenix? Yes ___ No ___

Address: _____

Phone Number: _____ Email: _____

What interests you about being a Pastoral Care Volunteer?

Have you had any previous training or involvement in Pastoral Care?

Have you worked in any other church ministries? If yes, what type of training have you received?

Where did you receive this training? _____

How has your faith in Christ affected your desire to become a Pastoral Care Volunteer?

Are you willing to attend regularly scheduled meetings held at your parish? Yes ___ No ___

Baptism: Name of Church _____ City _____ State _____ Date _____

Confirmed: _____ Yes _____ No Eucharist: _____ Yes _____ No

Please Indicate: Married _____ Single _____ Divorced _____ Widowed _____

If married: Is your Marriage recognized by the Catholic Church? : _____ Yes _____ No

Print your name: _____ Signature: _____