

ST. MICHAEL THE ARCHANGEL REGISTRATION

Please complete the following survey, one for each family member. Feel free to designate any answer you would rather not have published in the Church Directory. Requested private information will be kept confidential.

NAME:

ADDRESS:

PHONE NUMBER:

MOBILE PHONE NUMBER:

EMAIL ADDRESS:

BIRTHDAY (month/day):

IF A MINOR, NAME OF PARENT(S)

IF APPLICABLE, PARTNER/SPOUSE NAME AND ANNIVERSARY
(month/day/year):

IF AN ADULT, CHILD(REN) NAME(S) AND AGE(S):

OCCUPATION:

MINISTRY INTERESTS:

WHAT INTERESTS/SKILLS/EXPERIENCE/EDUCATION DO YOU HAVE THAT YOU WOULD BE WILLING TO SHARE AS A ST. MICHAEL VOLUNTEER?

ARE YOU A COMMUNITY VOLUNTEER? Yes No
IF YES, PLEASE IDENTIFY

I GIVE PERMISSION FOR ST. MICHAEL'S TO SHARE WITH THE ECC NATIONAL OFFICES THE INFORMATION ON THIS FORM YES NO