



The Foundation of St. Gemma Galgani Volunteer Application Form

GENERAL INFORMATION		
Name:		
Address:		
City:	State:	ZIP Code:
e-mail:		
Home Phone:	Cell Phone:	Work Phone:
Fax Number:		
Occupation:	Resume Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language (List All): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other:		
PARISH INFORMATION		
Parish:		
Address:		How long?
Do you attend Mass at other Parishes? <input type="checkbox"/> Yes (List Parishes Below) <input type="checkbox"/> No		
Parish:	City:	
Parish:	City:	
Parish:	City:	
MINISTRY PARTICIPATION		
Ministry	Parish	Dates
RELIGIOUS AFFILIATIONS		
Name of Organization/Group	Dates	
SIGNATURE		
Signature of Applicant:		Date: