REGISTRATION FORM FOR NEW GABRIEL PROJECT COORDINATOR

(For the nature of the ministry we require a Female coordinator)

Date: ______________________

Name of the Parish: ____________________________ City: ______________________

Name of the Coordinator appointed by the Pastor: ____________________________

Is this person in the diocesan DB? (Volunteer Application for EIM)

Yes_____ No ______

If yes, name of the person as she appears in the DB ____________________________

Last EIM workshop date: ____________________________

Name of the Pastor: ____________________________

Signature: ____________________________