

Office of Pro-Life Activities  
Secretariat of Life, Charity and Justice  
Diocese of Austin



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: \_\_\_\_\_