



St. Thomas Aquinas

CATHOLIC COMMUNITY

700 Brown Chapel Rd St. Cloud, FL 34769

www.stacatholic.org

Application For Bereavement Ministry Volunteers

FULL LEGAL NAME: _____

HOME ADDRESS: _____

PRIMARY PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARISHIONER ENVELOPE NUMBER: _____

CHURCH OF BAPTISM: _____

DATE OF BAPTISM: _____

CITY, STATE: _____

CHURCH OF CONFIRMATION: _____

DATE OF CONFIRMATION: _____

CITY, STATE: _____

LIST ANY OTHER MINISTRIES OR ORGANIZATIONS OF THE PARISH YOU VOLUNTEER WITH:

WHAT DO YOU FEEL CALLED TO JOIN OUR BEREAVEMENT MINISTRY?

HAVE YOU COMPLETED THE REQUIRED FINGERPRINTING AND SAFE ENVIRONMENT TRAINING PROCESS? Y N

SIGNATURE: _____ DATE: _____

<p>For Office Use Only</p> <p>Approved: Yes No</p> <p>Reason Listed: _____</p> <p>_____</p>	<p>Date Received: _____ By: _____</p>	<p>Pastor's Initials & Date</p>
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