



Holy Family Catholic Church

Scheduling Information Form

First Name: _____ Last Name: _____

Phone (hm) (_____) _____ (cell) (_____) _____

*If under 18, parents phone number : (hm) (_____) _____ (cell) (_____) _____

Address: _____

City/Zip: _____

Email: _____

*If under 18, parents email: _____

**Diocesan policy requires that a parent's receive a copy of any communication made with young people under the age of 18.*

Family Members linked to the same Mass preference

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Mass Preference (s): *If you available for more than one Mass, number your preferences accordingly #1, #2, #3*

____ Saturday, 5:00 pm ____ Sunday, 7:30 am ____ Sunday, 9:00 am ____ Sunday, 11:00 am

____ *Special Masses: ex. Ash Wednesday, Christmas, etc.*

Ministries: *If you volunteer in more than one ministry, please indicate your scheduling preference ex: #1 Greeter, # 2 Lector*

____ Altar Server ____ Lector ____ EM of Holy Communion ____ EM of Holy Communion - Cup

____ Usher ____ Greeter ____ Information Desk ____ Parking Lot ____ Security Team (Rover)

Homebound Ministry ____ Tuesday AM ____ Sunday AM

____ Private Homes ____ Assisted Living Facility ____ Hospital/ Nursing Home ____ Any

Preferred Frequency of Ministry: ____ Bi-weekly ____ Monthly ____ Other: _____

Unavailable Times/Dates:

Other information that would be helpful in your scheduling: _____

Thank you for your liturgical ministry services. Please return this form to the information desk at the church or mail to:

Holy Family Catholic Church ∞ 704 Mallette Dr. ∞ Victoria, Texas 77904

For office use: Orientation Date: _____

Date Submitted: _____