

# USHER APPLICATION

St. Joseph Catholic Church  
507 East 26<sup>th</sup> Street Bryan, Texas 77803

If you have questions regarding ushering or information requested on this form,  
please contact the Church office at 979-822-2721 (fax 979-779-3120).  
This form is available at the Ushers' Club Web site: <http://www.stjosephbcs.org/ushers-club>.

First and Last Name of Applicant: \_\_\_\_\_

Residence or Mailing Address:

Street or P. O. Box \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Birthday (month and day, year is optional): \_\_\_\_\_

Name of Spouse (optional): \_\_\_\_\_

Number or Names of Children (optional): \_\_\_\_\_

Place of Business or Type of Work: \_\_\_\_\_

Business/Work Phone: (AC \_\_\_\_\_) \_\_\_\_\_

Residence Phone: (AC \_\_\_\_\_) \_\_\_\_\_

Mobile Phone (optional): (AC \_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a registered member of St Joseph Church? Underline/Circle YES or NO

At what mass would you prefer to usher? Underline/Circle one of the following six masses:

6 p.m. Saturday    7 a.m. Sunday    9 a.m. Sunday    11 a.m. Sunday    5:30 p.m. Sunday

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form to the Church office or any usher.  
You will be contacted within a few days. THANK YOU!**

NOTES:

For use by:
Church Office: _____
Ushers' Club: _____