

# I.H.M. Volunteer Inquiry

**Volunteer:** \_\_\_\_\_

**Name:** First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ **Parishioner ID:** \_\_\_\_\_

**Address:** (Street, City, State, Zip) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** M \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(mm/dd/yyyy) F \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Ok to text?** Yes \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
No \_\_\_\_\_

**Email:** \_\_\_\_\_

**Volunteer experience:** \_\_\_\_\_

**What leads you to volunteering?** \_\_\_\_\_

**What type of ministry interests you?** \_\_\_\_\_

**Time Commitment & Availability:** \_\_\_\_\_

**Professional experience that will help as you serve in the ministries of the parish?**

**Current Occupation:** \_\_\_\_\_

**In Case of Emergency, please notify:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Ok to text?** Yes \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
No \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

**Reference:** ( First and Last Name), (Professional Relationship), (Phone #) If no, explain

\_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(typed signature acceptable)