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| **Your Relationship with the Parish** | 🞎 Registered Member 🞎 Visitor |
| **Regular Weekend Mass (Day/Time/Location)** |  |

|  |  |  |
| --- | --- | --- |
| **Parent / Adult Information** | **Person 1** | **Person 2** |
| **Title** |  |  |
| **First Name** |  |  |
| **Last Name** |  |  |
| **Gender** |  |  |
| **Date of Birth** |  |  |
| **Email Address** |  |  |
| **Home Phone Number** |  |  |
| **Mobile Phone Number** |  |  |
| **Address** |  |  |
| **Religion** |  |  |
| **Language other than English** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Children Information** | **Person 1** | **Person 2** | **Person 3** | **Person 4** |
| **First Name** |  |  |  |  |
| **Last Name** |  |  |  |  |
| **Email**  **(if over 18)** |  |  |  |  |
| **Gender** |  |  |  |  |
| **Date of Birth** |  |  |  |  |
| **Religion** |  |  |  |  |
| **Language other than English** |  |  |  |  |

Note: Additional children can be added to the back of the form.

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***Whether you can help once a week, once a month, or whenever your schedule allows, your time and effort will make a meaningful difference.***

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| |  |  |  | | --- | --- | --- | | **Wish to be Involved** |  | **Ministries & Roles** | | **YOUR FIRST NAME:** |  | **Faith Education/Formation** | |  |  | Rite of Christian Initiation of Adults | |  |  | Rite of Initiation of Teens | |  |  | Sacrament Preparation of Children | |  |  | Adult Education |  |  |  |  | | --- | --- | --- | | **YOUR FIRST NAME:** |  | **Liturgy** | |  |  | Liturgy Committee | |  |  | Greeting & Hospitality—Morning Tea | |  |  | Altar Server | |  |  | Reader | |  |  | Children's Family Mass | |  |  | Extraordinary Communion Minister | |  |  | Music / Choir | |  |  | Communion to the Sick | |  |  | Sacristan or Liturgy organizer | |  |  | Mass Co-ordinator | |  |  | Audio-visual technician |   Do you participate in our parish planned giving program?  🞏 Yes 🞏 No If No, would you like to 🞏 Yes 🞏 No  If yes, would you like to participate via  🞏 envelopes 🞏 Direct Debit 🞏Credit Card | |  |  |  | | --- | --- | --- | | **YOUR FIRST NAME:** |  | **Pastoral Life of Parish** | |  |  | Pastoral Council/Finance Council | |  |  | Community Council Rep | |  |  | Care & Concern | |  |  | St Vincent de Paul | |  |  | Youth | |  |  | Parish Groups | |  |  | Community Activities | |  |  | Safeguarding Officer | |  |  | Prayer or Scripture Group |  |  |  |  | | --- | --- | --- | | **YOUR FIRST NAME:** |  | **Care of Church/Property** | |  |  | Cleaning | |  |  | Laundering of Church linen | |  |  | Maintenance & Gardening |  |  |  |  | | --- | --- | --- | | **YOUR FIRST NAME:** |  |  | |  |  | First Aid Officer | |  |  | Offering Skills of tradie, office work, | |  |  | Web / Social media | | **Other** *(please specify)* |  |  | |