

St. John Vianney Pastoral Care Ministry

Hospital _____ **Care Home** _____ **Home Eucharist** _____

Name _____
(please print)

Home phone _____ cell phone _____

Email address: _____

| | | |
|--------------------------------------|-----|-----------------|
| Cleared by Safe Environment Training | Yes | No (circle one) |
| Registered in Parish | Yes | No |
| Automobile Insurance on File (copy) | Yes | No |

Days available (circle)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time available: (circle) usually after mass for hospital/care home ministry.

Mornings Afternoons Nights

Monthly availability: (circle)

once a month twice a month three times a month
weekly

Date of interview and training _____

Date of orientation if necessary _____

Comments:

You may complete the form and place it in the collection basket or deliver it to the Parish Office.