

# Pastoral Care Volunteer Supplementary Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you registered at St. Mary Magdalene? Yes \_\_\_ No \_\_\_

Are you willing to make a commitment to this ministry for one year? Yes \_\_\_ No \_\_\_.

Are you willing to commit to a weekly holy hour? Yes \_\_\_ No \_\_\_

Have you completed Safe Environment Training in the Diocese of Phoenix? Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What interests you about being a Pastoral Care Volunteer?

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Have you had any previous training or involvement in Pastoral Care?

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Have you worked in any other church ministries? If yes, what type of training have you received?

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Where did you receive this training? \_\_\_\_\_

How has your faith in Christ affected your desire to become a Pastoral Care Volunteer?

Are you willing to attend regularly scheduled meetings held at your parish? Yes \_\_\_ No \_\_\_

Baptism: Name of Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Confirmed: \_\_\_ Yes \_\_\_ No Eucharist: \_\_\_ Yes \_\_\_ No

Please Indicate: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_

If married: Is your Marriage recognized by the Catholic Church? : \_\_\_ Yes \_\_\_ No

Print your name: \_\_\_\_\_ Signature: \_\_\_\_\_