

Ministry Sign-up Form

Please Print Clearly

Name: _____

Address: _____

Phone: (home) _____ (work) _____ email _____ Zip _____

Best time to call: _____

Please check the ministry that you would like to serve: *(check as many as apply)*

- | | | | |
|----------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Lector | <input type="checkbox"/> Altar Server | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Flowers | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Giftbearer |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Environment | <input type="checkbox"/> Altar Linens | <input type="checkbox"/> Church Cleaner |