

Please return form to the boxes at the church entrances or mail form to:

Viola S. Jefferson, Parish Nurse
St. Mary's Health Ministry
20 Summer Street
Shrewsbury, MA 01545

St. Mary's Parish Health Ministry Volunteer Form

Boldface indicates required information

I am a New volunteer Current volunteer

First Name _____ **Last Name** _____

Address _____

City/Town _____ **State** _____ **Zip Code** _____

Daytime Phone _____ **Evening Phone** _____

Cell Phone _____ **E-Mail** _____

Age Group Under 18 18-35 36-50 Over 50

Languages spoken other than English _____

Emergency Contact Name _____

Relationship _____ **Phone** _____

Which volunteer opportunities interest you? Please check all that apply:

- Friendly visitor Eucharistic Minister to a:
 - Homebound person Nursing home resident Assisted living resident
- Grocery shopping Pharmacy pick-up Other general errands
- Read mail/documents to a blind or sight-impaired person
- Drive/accompany someone to:
 - Medical appointment Mass Other church event
- Prepare a meal Deliver a meal prepared by someone else
- Laundry Light housework (vacuum, dust, dishes)
- Yard work Snow shoveling or showblowing Minor home repairs
- Willing to work with families with children with special needs
- St. Mary's Secret Angels (send anonymous messages of encouragement)

When are you available? Please check all that apply:

	SUN	MON	TUE	WED	THU	FRI	SAT
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note special training, education, volunteer experience, or any questions/comments: _____

I agree to complete a CORI (Criminal Offender Record Information) application as required by Diocesan policy. I agree not to disclose any information about those I serve without their specific permission.

Signature _____ **Date** _____