



Our Lady of the Rosary Volunteer Form

Name _____

Phone # _____

Email _____

I am interested in volunteering. Please call me about the following:

- | | |
|---|--|
| <input type="checkbox"/> Lector | <input type="checkbox"/> Bereavement Committee |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Homebound Ministry |
| <input type="checkbox"/> CCD Teacher | <input type="checkbox"/> Choir, Saturday |
| <input type="checkbox"/> CCD Aid | <input type="checkbox"/> Choir, Sunday |
| <input type="checkbox"/> Women's Club | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Other: _____ |

Please turn form into the office, and someone will get in touch with you.