



Transfiguration of Our Lord

Volunteer in our Parish

Family Name: _____ First Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Today's Date: _____

I am interested in volunteering for a Ministry: Please indicate which:

(i) _____

(ii) _____

(iii) _____

I am interested in volunteering for a committee. Please indicate which:

(i) _____

(ii) _____

(iii) _____

Please note: all volunteers must be screened prior to approval. A "Vulnerable Sector Police Reference Check" will be required for participation.

Please e-mail completed form to translord45@gmail.com or in-person into the parish office.