

Most Holy Name of Jesus

CATHOLIC CHURCH



Community Service / Volunteer Sign Up

NAME: _____ AGE: _____

ADDRESS: _____

PHONE: _____

HOURS NEEDED: _____ DATE WHEN TO BE COMPLETED: _____

DAYS OF THE WEEK & TIMES AVAILABLE:

___ MORNING ___ AFTERNOON ___ ALL DAY

PHYSICAL LIMITATIONS: _____

PERSONAL SKILLS YOU WOULD LIKE TO TELL US ABOUT:

PARENT: _____ DATE: _____

*"I delight to do Your will, O my God; Your Law is within my heart."
Psalms 40:8*

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