

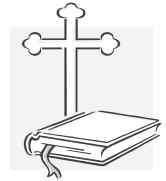
STEWARSHIP OPPORTUNITIES

Family Name _____ **Tel#** _____

Name(s)

Check the one that applies.

- | | | | | |
|---|--------------------------|------|--------------------------|------------------|
| Altar Server _____ | <input type="checkbox"/> | I am | <input type="checkbox"/> | Would like to be |
| Altar Guild _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Art & Environment _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Bereavement Group _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Bible Study Group _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Cantor _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Choir- Adult _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Choir - Youth _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Choir - Children _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Eucharistic Minister _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Folk Group _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Giving Tree _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Greeter or Usher _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Hospitality _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Home Visitation _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Lector _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Liturgy Committee _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Mother's Group _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Music Ministry _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Instrument you play _____ | | | | |
| Parish Pastoral Council _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Provide Transportation _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Respect Life _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Religious Education Teacher _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| R.C.I.A. _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Social Activities _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Youth Ministry _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |
| *Offertory Envelopes at home _____ | <input type="checkbox"/> | | <input type="checkbox"/> | |



Is there any way we can be of help to you? _____

Other comments, concerns, suggestions: _____

Is there a Sacrament that any member of your family would like to receive?

What Mass do you attend? _____

Music Opinion: Traditional ___ Contemporary ___ Mixed ___ None ___

What would you like more of? _____

Thank you and God