



## Registration St. Joseph the Worker Ministry

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Talents (not required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours of General Availability:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

\_\_\_ Yes, I am interested in a leadership role in this ministry.