



# Holy Family Catholic Church Scheduling Information Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (HM) \_\_\_\_\_ (Cell): \_\_\_\_\_

\*If under 18, parents Phone (hm) \_\_\_\_\_ Parents Cell: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

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

\*If under 18, parents email: \_\_\_\_\_

*\*Diocese policy requires that a parent(s) receive a copy of any communication made with young people under the age of 18.*

Family members linked to the same mass preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

### Mass Preference(s):

\_\_\_\_ Saturday, 6:00 pm \_\_\_\_ Sunday, 7:30 am \_\_\_\_ Sunday, 9:00 am \_\_\_\_ Sunday, 11:00 am  
*If you are available for more than one Mass, number your preferences accordingly, #1, #2 #3*

**Ministries:** *If you volunteer in more than one ministry, please indicate your scheduling preference (ex #1 Lector, #2 Greeter)*

\_\_\_\_ Altar Server \_\_\_\_ Lector \_\_\_\_ EM of Holy Communion \_\_\_\_ EM of Holy Communion - Cup  
\_\_\_\_ Usher \_\_\_\_ Greeter \_\_\_\_ Door Greeter \_\_\_\_ Information Desk \_\_\_\_ Parking Lot

**Homebound Ministry** \_\_\_\_ Tuesday AM \_\_\_\_ Sunday AM

\_\_\_\_ Private Homes \_\_\_\_ Assisted Living \_\_\_\_ Hospital/ Nursing Home \_\_\_\_ Any

**Preferred Frequency of Ministry:** \_\_\_\_ Bi-weekly \_\_\_\_ Monthly \_\_\_\_ Other \_\_\_\_\_

### Unavailable Times/Dates:

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

### Other information that would be helpful in your scheduling:

\_\_\_\_\_

Thank you for your liturgical ministry service. Please return this form to the information desk at church or mail to: Holy Family Catholic Church 704 Mallette Dr Victoria, Texas 77904