

**CORPUS CHRISTI PARISH
MINISTRY SCHEDULE PREFERENCE FORM**

Name _____

Address _____

Phone _____ Cell _____

E-Mail _____

Please circle your preferred method of communication:

E-mail Text Cell Phone Home Phone

Please circle ministry/ministries for which you are volunteering:

Lector Extraordinary Minister of Communion Altar Server
Cantor Heavenly Host Usher

Please check at which weekend masses are you willing to serve:

Saturday, 4:00PM _____ Saturday, 5:30PM _____
Sunday, 7:30AM _____ Sunday, 9:00AM _____ Sunday, 10:30AM _____

Please state your first then second preference (if any) for serving weekend masses:

First Preference _____

Second Preference _____

If another member of your family participates in church ministry and you want to be scheduled together, please write their name/names in the space provided
