

CHURCH OF THE HOLY SPIRIT - 1800 East Libra Drive Tempe, AZ 85283-3216 - Parish Office (480) 838-7474 DATE: _____

* Indicate Relationship to Head of Household	Title Mr/Mrs Ms/Dr	NAME (enter last name if different from Head of Household) First / Middle/ LAST (Jr,Sr)	Male Or Female	Birth date Month / Day/Year	S = Single M = Married D = Divorced P = Separated W = Widowed	Catholic Yes/No (if No list religion)	Languages Spoken	Sacraments Received B=Baptism F=First Communion C=Confirmation M = Marriage
Head of Household								
Spouse								
*Child/Other								
*Child/Other								
*Child/Other								
*Child/Other								
*Child/Other								
*Child/Other								

Address:

Street (include # if apartment) _____ City _____ Zip Code _____

() _____ () _____ () _____

(area code) **Home Phone** check if unlisted # (area code) **Cell Phone (Head of Household)** (area code) **Cell Phone (Spouse)**

Head of Household: Occupation _____ **Employer** _____ **Hobby/Interest** _____

(Retiree indicate previous occupation)

Spouse: Occupation _____ **Employer** _____ **Hobby/Interest** _____

(Retiree indicate previous occupation)

E-Mail Addresses: _____

Enter family member who might have handicap or special needs: _____

It is helpful but not mandatory that this section be completed. Please return the completed registration form to the parish office via mail, the drop box in front of the office, or place it in the collection basket. WELCOME TO HOLY SPIRIT PARISH!

Place an X next to any area of Ministry * Outreach * Lay Leadership * or Volunteer Group of interest and a coordinator will contact you.	
<input type="checkbox"/> Adoration	<input type="checkbox"/> Knights of Columbus
<input type="checkbox"/> Altar Servers	<input type="checkbox"/> Lady Knights Auxiliary
<input type="checkbox"/> Andre House	<input type="checkbox"/> Lector
<input type="checkbox"/> Art & Environment	<input type="checkbox"/> Ministry of Care (Homebound)
<input type="checkbox"/> Bingo	<input type="checkbox"/> Ministry of Care (Funerals)
<input type="checkbox"/> Catechist (K-12)	<input type="checkbox"/> Nursery Volunteer
<input type="checkbox"/> Choir / Musicians	<input type="checkbox"/> Office Volunteers
<input type="checkbox"/> Church Cleaning	<input type="checkbox"/> Parish Council
<input type="checkbox"/> Cursillo	<input type="checkbox"/> RCIA / Confirmation Sponsor
<input type="checkbox"/> Donut Rangers	<input type="checkbox"/> Respect for Life
<input type="checkbox"/> Eucharistic Minister	<input type="checkbox"/> Rosary Makers
<input type="checkbox"/> Evenings for the Engaged	<input type="checkbox"/> Rosary Ministry
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Seniors
<input type="checkbox"/> Grocery Certificate Sales	<input type="checkbox"/> Ushers / Greeters
<input type="checkbox"/> Helping Hands (for Poor/Needy)	<input type="checkbox"/> Women's Organization
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Please feel free to list any questions or concerns in this area.

Diocesan policy mandates that ALL volunteers attend current Safe Environment Training, complete an application to volunteer, and sign a Code of Ethics.

Office Use:
 Date Received: _____
 By: _____
 Envelope # _____

Check this box if you would like information regarding a monthly contribution option via an automatic debit to your checking account or charge to your MasterCard or Visa credit card. Transactions occur the 20th of each month.

Stewardship Intention \$ _____
 Circle one: Weekly Monthly Annually Unknown

Check this box if you DO NOT want to receive envelopes on a bimonthly basis