The parish has the ongoing responsibility to ensure that all who volunteer or work for the parish are the best individuals for leadership roles in various ministries, and to ensure that the youth, elderly, or other vulnerable members of our parish are protected. Please help us realize this goal by completing this form on both sides, and returning it to the appropriate ministry leader as soon as possible. *Thank you*.

NAME:	/EIDC	(T)	(MIDDLE)	(LACT)	(3.6.4	IDEN)
Address:	(FIRST)		(MIDDLE) City:	(LAST)	Zip	IDEN)
Tradition.					Zip	
Home			Listed or		Birth	
Phone:			Unlisted?		date:	
E-mail			C II DI			
address			Cell Phone:			
What are yo	our Charisms or	Gifts (Hospit	ality, Administra	ition, Evangelization	, Music, etc	:.)?
Have you attended <i>Called</i> VIRTUS Certification Date Have you been fingerprinted by						
and Gifted? (please			ovide copy of Live-scan through the Archdioce			•
certificate): of Los Ang						
I am interested in working in the following ministry/ministries:						
I have been registered at Saint Kateri Parish for approximately years.						
I was previously a member of						
I have participated in the following parish ministries, organizations, or activities:						
I have belonged to the following other community, business, youth-orientated, or professional						
organizations:						
Are there a	ny other facts or	circumstanc	es of your backg	round or current life	events that	could
	active role as a			2002200	0,01105 01100	00010
Signature of Minister			Date:			