SAN ANTONIO PASTORAL COUNCIL

MINISTRY APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NUMBER OF YEARS IN THE PARISH: _____

LIST THE MINISTRIES AND PARISH ORGANIZATIONS IN, WHICH YOU HAVE BEEN OR ARE CURRENTLY INVOLVED: _____

PLEASE STATE BRIEFLY WHY YOU FEEL CALLED TO THIS POSITION ON THE PASTORAL COUNCIL: _____

Print

Submit this form