

**Glenmary Sisters Volunteer
Initial Inquiry Form**

If you prefer to print this form, please fill it out completely and mail to: The Glenmary Center, P.O. Box 22264, Owensboro, KY 42304, ATTN: Mrs. Barbara O’Nan, Volunteer Coordinator.

Personal Data:

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Year of Birth _____ Place of Birth _____

Are you a U.S. Citizen? _____ If no, what is your Green Card status? _____

Rate your health: Excellent ___ Good ___ Fair ___ Poor ___

Church History:

Are you a life-long Catholic? _____ If no, when did you join? _____

What is your current parish? _____

WORK HISTORY:

What is your current job? _____

OTHER IMPORTANT PERSONAL INFORMATION:

Marital Status: _____

Do you have dependent children? _____

Are you taking any long-term prescription medications? _____

MINISTRY INTEREST:

For what type of ministry do you believe you are being called?

Have you ever served as a volunteer? _____ If so, for whom? _____

For how long? _____ In what capacity? _____

The information I have given is correct to the best of my knowledge.

Signature _____

Date _____