



Volunteer Application

Contact Information

Full Name	
Street Address	
City, State, ZIP Code	
Home Phone / Cell Phone	
E-Mail Address	

Interests - Tell us in which areas you are interested in volunteering

<input type="checkbox"/>	Mission Trip Participant - Yes, I want to apply to attend the trip from July 22nd to July 28th, 2018. I understand that I am responsible to make arrangements for personal time for this trip.
Only +18 years old of age can apply:	
<input type="checkbox"/>	Yes, I agree to pay \$150 non-refundable participant fee by April 30th 2018 to secure a spot. Yes, I have completed or agree to complete Virtus Training and Background Check before the Mission Trip takes place

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Telephone #:	
Email address:	
Date:	

Our Policy

Please return this form & \$150 fee in the Mass Offertory basket by *April 30th 2018*
Email: Mary, Rectory: church@mhtwallingford.org, Fax - (203) 269-0880 or
Mail to Rectory, 68 North Colony Rd, Wallingford, CT 06492.

Thank you for your mission support!