



The Parish of Christ the King
Mashpee, MA 02649
508.477.1110

Health Ministry Volunteer Form

The Health Ministry Team offers programs, information and individualized support that encourages positive health behaviors, while integrating spiritual care with care of the body and mind. Please provide this information as part of the process of being an official volunteer within the Health Ministry of The Parish of Christ the King.

Name _____ E-MailAddress _____

Address _____
Name and Street Town State/Zip

Home Phone () _____ Cell Phone () _____

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Current Ministry Activities:

Transportation _____ Caring Companions _____ Occasional Visiting _____

Blood Pressure Clinic _____ Assisting with other programs _____

Other: _____

Ideas for possible new programs or ministries:

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If you would be volunteering to drive congregants, we need the following information:

Do you have a valid drivers license? Yes _____ No _____ In which state? _____

Drivers License number _____

Has it ever been suspended or revoked? Yes ___ No ___ Do you have insurance? Yes ___ No ___

Current Copy of Automobile Policy (attached) Yes _____ No _____

I am volunteering as a member of the Health Ministry team to serve in collaboration with other Health Ministry Volunteers and the Coordinator of Health Ministry.

Volunteer's Signature

Date