



DEADLINE MARCH 16, 2017
RETURN TO SYDNEY EDWARDS
SEDWARDS@CCBJAX.ORG

(270) 994-5569 134 E. CHURCH ST. JACKSONVILLE, FL 32202
FLORIDA EUCHARISTIC CONGRESS 2017
VOLUNTEER REGISTRATION FORM

(Please Print)

VOLUNTEER INFORMATION					
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Bilingual <input type="checkbox"/> Yes <input type="checkbox"/> No. Language:
Street address:		Phone # Prior to Congress ()		Cell # During Congress ()	
City	State	ZIP Code		Eucharistic Minister? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Parish / School	Your Email Address:			Must Be 16 or Older To Volunteer: <input type="checkbox"/> 16 or Older	
Emergency Contact Information The Day Of The Event.					
Name: _____ Home Phone # _____ Cell # _____					
Volunteers in contact with children must have attended "Protecting God's Children" and have a current DOSA background check.					
Have You Attended A "Protecting God's Children" class? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please give us the last 4-digits of your Social Security Number _____					
MANDATORY VOLUNTEER ORIENTATION					
All Eucharistic Congress Volunteers MUST ATTEND an orientation. Orientations will be THURSDAY, MARCH 23, 2017.					
Please indicate the orientation you will attend.					
<input type="checkbox"/> Morning 10:00am <input type="checkbox"/> Afternoon 2:00pm <input type="checkbox"/> Evening 6:00pm <input type="checkbox"/> Evening 7:00pm					
T-SHIRT SIZE					
All Eucharistic Congress Volunteers MUST wear an official T-Shirt for identification purposes DURING their scheduled volunteer time only					
Please indicate your size. (Shirts are men's sizes).					
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large					
VOLUNTEER OPPORTUNITIES					
(Please choose the ones that interest you.)					
SETUP AND TAKE DOWN (Please indicate the times you are available)					
FRIDAY, MARCH 24, 2017 – Setup <input type="checkbox"/> 3:00-4:00pm <input type="checkbox"/> 4:00-5:00pm <input type="checkbox"/> 5:00-6:00pm					
SATURDAY, MARCH 25, 2017 – Take Down and Pack Up <input type="checkbox"/> 3-5m <input type="checkbox"/> 5-8pm					
FRIDAY, MARCH 24, 2017 During the Event from 5:00pm – 10:00pm					
Please indicated the number of hours you're available _____ Please indicate the time(s) you prefer. _____					
Please select any and all oppourtunities that interest you					
<input type="checkbox"/> General Volunteer <input type="checkbox"/> Usher <input type="checkbox"/> Hospitality <input type="checkbox"/> EC Information Table <input type="checkbox"/> Speaker Information Table <input type="checkbox"/> Social Media					
SATURDAY, MARCH 25, 2017 During the Event from 6:30am – 5:00pm					
Please indicated the number of hours you're available _____ Please indicate the time(s) you prefer. _____					
Please select any and all oppourtunities that interest you					
<input type="checkbox"/> General Volunteer <input type="checkbox"/> Usher <input type="checkbox"/> Hospitality <input type="checkbox"/> EC Information Table <input type="checkbox"/> Speaker Information Table <input type="checkbox"/> Social Media					