



ST. ELIZABETH ANN SETON CHURCH
Volunteer Request Form

Today's Date _____

Task Title _____

Date of Activity _____ Time Volunteer Needed _____

Tasks Volunteer Will Complete _____

Other Necessary Information _____

Contact Person _____ Phone Number _____

Email Address _____

SUBMIT THIS FORM TO VOLUNTEER COORDINATOR TWO WEEKS PRIOR TO ACTIVITY.

Contact Pam Feltes, Volunteer Coordinator, at plfeltes1@mchsi.com or 393-4943 with any questions.

For Office Use Only

Notes: _____

Volunteers Confirmed _____

