VOLUNTEER FORM FOR ADORATION CHAPEL

Name:									
Address:					, , , , , , , , , , , , , , , , , , , ,		,		
Phone:					,				
E-mail:									
Check frequency of assignments:									
	Weekly	Bi-\	weekly		Montl	nly	Sı	ub only	
Check hour(s) available:									
	Hour	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
	8-9 am								
	9-10 am								
	10-11 am								
	11-12 am								
	12-1 pm								
	1-2 pm								
	2-3 pm								
	3-4 pm								
	4-5 pm								
	5-6 pm								
	7-8 pm								

NOTES:

8-9 pm 9-10 pm

- Chapel is closed during times shown shaded.
 Submit completed form to rectory or to Deacon Bill Sepich.