

St. Joseph the Worker Parish
191 Wade Gate, Thornhill, ON

Ministry Registration Form
"Serving the Lord with Joy"

Music Minister

Personal Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Sacramental Information

Do you meet the age requirement of 18 or older? Yes No

Are you a baptized Catholic? Yes No

Have you received the First Holy Communion? Yes No

Have you received Confirmation? Yes No

Volunteer Information

Why are you interested in serving in this ministry?

Previous experience in this or other ministries (if any):

Do you have any special skills or talents relevant to this ministry?

Availability

- Saturday Vigil [5 pm]
- Sunday Morning Italian [9 am]
- Sunday Morning [10:30 am]
- Sunday Morning [12 pm]
- Special Celebrations

Requirements

All volunteers must:

1. Attend an interview with the parish leadership/coordinators.
2. Participate in rehearsals, formation, and training as required.
3. Undergo a Volunteer Screening Process, as outlined by the Archdiocese of Toronto.
4. Obtain a Police Background Check (free of charge from the volunteer).

Consent & Declaration

I understand that by volunteering for this ministry, I am committing to serve faithfully and responsibly as a member of the Parish Music Ministry.

I agree to participate in any required formation, rehearsals, training, screening, and background checks as requested by the parish.

I affirm that I will uphold the teachings, discipline, and liturgical norms of the Catholic Church, and that I will exercise this ministry with reverence, cooperation, and respect, recognizing that sacred music serves the prayer of the liturgical assembly and the dignity of the sacred liturgy.

I further agree to follow the policies and guidelines of the Archdiocese of Toronto and understand that this is a parish ministry exercised under the authority of the pastor.

By signing below, I acknowledge and accept the requirements and responsibilities associated with this ministry.

Signature: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Interview Conducted: Yes No

Date: _____

Screening Completed: Yes No

Date: _____

Police Check Submitted: Yes No

Date: _____

Training Completed: Yes No

Date: _____