# ST. MONICA & ST. ROSALIE PARISH ORGANIZATION INFORMATION JULY 2026 – JUNE 2027

(Please complete both sides of the form with current information) DATE _____

ORGANIZATION NAME _____

GROUP NAME _____ TROOP NAME & NUMBER _____

CONTACT PERSON #1 _____

PHONE # (_____)_____EMAIL_____

CONTACT PERSON #2_____ _____

PHONE # (_____)_____EMAIL_____

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WHAT IS THE MISSION OF THIS ORGANIZATION? _____

_____

_____

WHAT ACTIVITIES DO YOUR MEMBERS TAKE PART IN? _____

_____

WHO IS ELIGIBLE TO JOIN? _____

ARE THERE DUES TO JOIN? _____ AMOUNT? _____ ENROLLMENT PERIOD? _____

IS THERE A CONTACT PERSON THAT INTERESTED PARTIES CAN CALL DIRECTLY? _____

IF SO, WHO WOULD THAT BE? _____

WHAT INFORMATION MAY WE RELEASE? NAME_____

PHONE NUMBER _____ EMAIL ADDRESS _____

**PLEASE COMPLETE THE REVERSE SIDE**

**RETURN THE COMPLETED FORM TO KATARZYNA TORRES IN THE PARISH OFFICE OR EMAIL THEM TO SCHEDULING@STMONICA.US**

# St. Monica & St. Rosalie Parish Organization Information July 2026 – June 2027
## Organization Volunteer/Member Information

****All volunteers who work with minors must be certified through the Virtus System.****

| NAME | POSITION | CONTACT INFORMATION PHONE # OR EMAIL | FOR OFFICE USE ONLY VIRTUS COMPLIANT? |
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