

USHER APPLICATION
St. Joseph Catholic Church
600 East 26th Street Bryan, Texas 77803

If you have any questions regarding ushering or the information requested on this form, please contact the Church office at 979-822-2721 (fax 979-779-3120). The Ushers' Club Web site is <http://www.stjosephbcs.org/ushersclubbylaws.shtml>

First and Last Name of Applicant: _____

Residence or Mailing Address (P.O. box, street, city, and zip code):

Birthdate (month & day; the year is optional): _____

Name of Spouse (optional): _____

Number or Names of Children (optional): _____

Place or Type of Work: _____

Work Phone: (AC _____) _____

Residence Phone: (AC _____) _____

Cell Phone (optional): (AC _____) _____

Preferred E-mail Address: _____

Are you a registered member of St Joseph Church? Circle YES or NO

At what mass do you prefer to usher? Circle one of the following.

6 pm Saturday 7 am Sunday 8:30 am Sunday 10 am Sunday 11:30 am Sunday 5:30 pm Sunday

Signature of Applicant: _____ Date: _____

Return this completed form to the Church office or any usher. THANK YOU!

NOTES:

For use by:
Church Office: _____
Ushers' Club: _____