

USHER APPLICATION

St. Joseph Catholic Church
507 East 26th Street Bryan, Texas 77803

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

First and Last Name of Applicant: _____

Residence or Mailing Address:

Street or P. O. Box _____

City and Zip Code _____

Birthday (month and day, year is optional): _____

Name of Spouse (optional): _____

Number or Names of Children (optional): _____

Place of Business or Type of Work: _____

Business/Work Phone: (AC _____) _____

Residence Phone: (AC _____) _____

Mobile Phone (optional): (AC _____) _____

E-mail Address: _____

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

At what mass would you prefer to usher? Underline/Circle one of the following six masses:

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.
You will be contacted within a few days. THANK YOU!**

NOTES:

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