

781 Grove Street Worcester, MA 01605 508-852-5555 Fax 508-852-7238

Parent Board Volunteer Form

To be submitted by volunteers for St. Peter-Marian Events

| | | | General Information |
|-------------|-----------------------------|--|---|
| rmation | | | |
| Middle Name | Family Name | Preferred Name or Nickname | |
| | City | State/Province | Country Zip/Postal Code |
| Age | Date of Birth (Mo/Day/Year) | Country of Birth | Country of Citizenship |
| | | | |
| : | Cellphone | | |
| | Middle Name Age | Middle Name Family Name City Age Date of Birth (Mo/Day/Year) | Middle Name Family Name Preferred Name of City State/Province Age Date of Birth (Mo/Day/Year) Country of Birth |

Please fill out and submit this form to Meg Mulhearn, mmulhern@intlceramics.com