



# ST. VERENA RESOURCE MINISTRY

AN SUS DIOCESE PROGRAM UNDER THE AUSPICES OF HIS GRACE BISHOP YOUSSEF

"AS EACH ONE HAS RECEIVED A GIFT, MINISTER IT TO ONE ANOTHER, AS GOOD STEWARDS OF THE MANIFOLD GRACE OF GOD!"

(1 PETER 4:10)

Email: [svrm@suscopts.org](mailto:svrm@suscopts.org)

Fax: 817-704-2389

Website: <http://www.suscopts.org/svrm>

## Volunteer Consultant Registration

Date:

New     Revised

### Personal Information:

Volunteer Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>

### Church Name:

Church Name:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>

### Spiritual Father

Priest Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>

### Language Preference:

Arabic     English     Either

### Contact Preference:

Phone     Email     Either

### Area of Specializations:

### Academic Degrees, Certification, or Licensure:

Please print the Recommendation Form for your Spiritual Father to complete and Fax to 817-704-2389.

If you have any questions please contact us at:  
St. Verena Resource Ministry  
Email: [svrm@suscopts.org](mailto:svrm@suscopts.org)

All forms are available on our website at  
[www.suscopts.org/svrm](http://www.suscopts.org/svrm)



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## Priest Recommendation Letter

**Priest Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Priest Church:** \_\_\_\_\_

I have been asked to evaluate \_\_\_\_\_ as a potential  
(Volunteer's Name)

volunteer in the area of \_\_\_\_\_  
(Specialty)

- I strongly recommend this individual.
- I **do** recommend this individual.
- I **do not** recommend this individual at this time.

Comments:

**Priest's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_