Pastoral Transition Kit: Parish Committees, Ministries and Groups

This form is to be completed by the Parish Administrative Assistant.

### Parish and Finance Councils

## Finance Council Members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Role | First and Last Name | Email | Phone Number | Years Served | Years Left |
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## Upcoming Scheduled Meeting Dates

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| --- | --- | --- |
| Date | Time | Location |
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## Parish Council Members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Role | First and Last Name | Email | Phone Number | Years Served | Years Left |
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## Upcoming Scheduled Meeting Dates

|  |  |  |
| --- | --- | --- |
| Date | Time | Location |
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### Parish Ministries and Groups

## Liturgical Groups

e.g. Music Ministry, Lectors, Ushers, Extraordinary Ministers, Liturgy of the Word for Children

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| --- | --- | --- | --- | --- | --- |
| Group Name | Leader Name | Email | Phone Number | Years Served | Team Size |
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## Parish Ministries

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| --- | --- | --- | --- | --- | --- |
| Ministry Name | Coordinator Name | Email | Phone Number | Years Served | Team Size |
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## Religious and Parish Education Committees

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| --- | --- | --- | --- | --- | --- |
| Group Name | Coordinator Name | Email | Phone Number | Years Served | Team Size |
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## Service and Spiritual Groups

e.g. Hospitality, Building and Safe Environment, CWL, KoC, Rosary Groups, Legion of Mary

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| --- | --- | --- | --- | --- | --- |
| Group Name | Coordinator Name | Email | Phone Number | Years Served | Team Size |
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## Please list any hospitals, nursing homes or care facilities that your parish serves (if applicable)

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| --- | --- | --- | --- |
| Facility Name | Coordinator Name | Email | Phone Number |
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|  |  |  |  |

### Other Groups or Key Volunteers Connected to the Parish

## Affiliated Groups

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group Name | Main Contact | Email | Phone Number | Website  (if applicable) |
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## Key Volunteers

e.g. events, maintenance, admin support

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| --- | --- | --- | --- | --- |
| Name | Main Contact | Email | Phone Number | How does he/she serve the parish? |
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## Additional Information

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| Are there any other council, ministry, and group-related information unique to your parish? |

### Sign-Off

## Form Completed By:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Parish You Work At | Email | Phone Number |
|  |  |  |  |