




VOLUNTEER FORM 2020

Sr. Sharon McCarthy, SSJ
Administrator
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Print this form, complete it, and return it by **postal mail** to:
Sharon McCarthy SSJ
Saint Mary by-the-Sea
101 Lehigh Avenue PO Box 382
Cape May Point, NJ 08212

 **Saint Mary by-the-Sea Retreat house, for safety reasons, cannot accommodate persons (presenters and/or attendees) who use wheelchairs, walkers, or mobility aids such as scooters and other power-driven mobility devices. This applies to all retreats, daily and weekly programs and weekend events.**

Last Name
Please check one box: SSJ of Phila Other Congregation, initials: _____
 SSJ of Phila Associate Not a member of a religious congregation

First Name

Street Address

City, State, Zip

Email Address

Telephone

In this box, please number in priority order, the two times you would like to volunteer.
____ June 11-14 ____ July 12- 21 ____ Aug 19-26
____ June 16-23 ____ July 22-29 ____ Aug 27-Sept 3
____ June 24-July 1 ____ July 30-Aug 6 ____ Sept 14 - 21
____ July 2-11 ____ Aug 9-18

In this box, please check one or two additional weekend times when you might be available to volunteer.
____ June 5-7 ____ Sept 11 - 13
____ Sept 25-27

This list is a **one day only** volunteer time to help with Up/Down day on the day you might be departing from your retreat/ volunteer time. We ready the rooms for our incoming guests. It takes about two hours. Please sign up for as many of these as you'd like. You help is GREATLY appreciated!
____ June 14 ____ July 11 ____ Aug 18 ____ Sept 27
____ June 23 ____ July 21 ____ Aug 26
____ July 1 ____ July 29 ____ Sept 3
____ Aug 6 ____ Sept 21

Please plan on staying for the entire time period(s) of service. This is extremely necessary to make sure our job sites are covered. If that is impossible, please indicate here the actual dates when you will arrive and depart:

We ask that you volunteer for one or two retreat programs to start. If necessary, may we contact you about additional volunteer time? Please circle one: Yes No

Is there anything that you are not physically able to do? _____

ROOM ASSIGNMENTS

Do you need a first-floor room? Circle one: Yes No
If necessary, can you have a room above the second floor? Circle one: Yes No
Do you have a room preference? If so, please list here _____

Please indicate any health considerations that affect your room assignment. _____