

## Alumni/Past Participant Survey

**Full Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Email** \_\_\_\_\_

\_\_\_\_\_ **Current Occupation**  
\_\_\_\_\_

**What programs or ministries were you involved with at St. Joseph Parish?**

**(Please check those boxes that apply to you.)**

Youth Ministry   Religious Education   RCIA   Parish School   Other  
                                                                                       

When about were you involved? If you went to St. Joseph \_\_\_\_\_  
School, when did you graduate? \_\_\_\_\_

**Would you be interested in sharing a memory of your experience in any of these ministries? We plan to publish these as a way of inspiring others.**

**Memory:**