

# Yes, I would like to volunteer as an OCMC Ambassador

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NAME

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ADDRESS

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CITY

STATE

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POSTAL CODE

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PHONE

ALT. PHONE

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E-MAIL

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PARISH NAME (Don't forget to include a letter of recommendation from your priest)

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JURISDICTION

## OCMC EXPERIENCE (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Former OCMC Missionary     | <input type="checkbox"/> SAMP Supporter             |
| <input type="checkbox"/> Former Mission Team Member | <input type="checkbox"/> Agape Partner              |
|   | <input type="checkbox"/> Other <input type="text"/> |



**Mail application to:**

PO Box 4319  
St. Augustine, FL  
32085-4319

**For more information:**

1-877-463-6784  
communications@ocmc.org  
www.ocmc.org