

Home Visitation Ministry Nomination Form

I wish to nominate a Participant to receive visitation from Volunteers
of the **Home Visitation Ministry of Catholic Parishes of Geraldton.**

Name of Participant			
Address		Phone	
Name of Carer / Family Member (If Applicable)		Phone	
Nominating Person			
Phone		Date	
I have discussed this with the nominated Participant Carer Family Member of Participant <i>(Please Tick)</i> YES NO <i>(Please Tick)</i>			

A Coordinator will contact the Participant or their Carer / Family Member prior to the Visitation Ministry commencing.

Please return this form to the Parish Office, 11 Maitland Street, Geraldton. **Email** gtonparish@geraldtoncatholic.org.au
 OR to
 Alison Dawson (0438 215 112) Gerry Eastman (0417 912 997) Ron Pace (0408 947 716)

www.geraldtoncathedral.org

Scan the QR code to download this form in the electronic format or visit our website <https://geraldtoncathedral.org/visitation-ministry/>

