

**Archdiocese of Galveston-Houston  
Catholic Chaplain Corps  
Registration Form  
Pastoral Care Ministry  
Enriching our Skills**

NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARISH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**Dates of Classes: Feb 12, 19, 26 March 5,19,26 April 2, 9**

**Time: 7:00-9:30p**

**Location: St. Bernadette's**

**Cost is \$100.00 per person**

**IMPORTANT:** Make checks payable to **ARCHDIOCESE OF GALVESTON-HOUSTON**

**Return checks and form to: *Catholic Chaplain Corps  
4206 South MacGregor Way  
Houston, TX 77021***

**Required documents:**

- This registration Form
- Background Inquiry Release Form
- Pastoral Care Training Recommendation form for Pastors
- Brief overview of your spiritual journey and why you are drawn to this training and ministry. What do you hope to accomplish through this training?

**We will notify you once we receive your paperwork.**

**Any required texts will be provided.**

**Have you attended Virtus? Yes \_\_\_\_\_ Date: \_\_\_\_\_  
No \_\_\_\_\_**

**Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**If you have questions, please call Denice Foose 713-747-8445  
or e-mail to [dfoose@archgh.org](mailto:dfoose@archgh.org)**