

SACB ACTS Ministry
Core Team Member Discernment Form

Name: _____

Address: _____

City: _____ **Zip:** _____ **Email:** _____

Home Phone: _____ **Cell Phone:** _____

Occupation: _____

Number of Teams served on: _____ **Served on Chapter or Core Team:** Yes No

Attended Team/Leadership Workshop: Yes No **If YES, when?:** _____

Attended Core Team Training: Yes No **If YES, when?:** _____

ACTS Leadership Positions Held (check all that apply):

- Retreat Director Retreat Co-Director Service/Ministry Head
 Spiritual Companion Chapter /SETMAC Member Workshop/Training Facilitator

Special Skills or Talents: _____

Is there anything else you would like us to know? _____

Please note that the SACB ACTS Core Team is a working/active ministry with specific roles & responsibilities & expectations of attendance & sustained participation of various ministry activities

Signature: _____ **Date:** _____

By signing this form, I attest that I am a registered SACB parishioner and a Catholic in good standing with the Church.

Pastor's Signature: _____ **Date:** _____

*Please return your completed discernment application form to
Email: sacbacts@gmail.com or
Mail: SACB ACTS Ministry,
700 Jefferson, Beaumont, TX 77701*