

**The Northwest Corner Catholic Community**  
St Joseph, Ferndale – St Anne, Blaine – St Joachim, Lummi  
5781 Hendrickson Ave  
Ferndale, WA 98248  
(360) 384 3651

PARISH: Northwest Corner Catholic Community

TITLE: Bookkeeper 15- 20 hours per week flex time

NAME: REPORTS TO: Pastor, PAA

SALARY: DOE

DATE: 01-23-2023

**I. POSITION PURPOSE**

Provide bookkeeping services for the parish, in accordance with Archdiocesan administration and finance policies and procedures.

**II. Qualifications:**

- The successful candidate must have excellent organizational skills, three years demonstrated bookkeeping experience, keyboard and 10 key skills and proficiency in Excel.
- 3-5 years bookkeeping experience.
- Experience in QuickBooks Online
- Candidate will be required to pass a pre-employment background check.

**III. MAJOR DUTIES AND RESPONSIBILITIES**

- Maintains accounts payable and receivable ledgers and prepares and submits a financial statement to the pastor and Finance Council on a monthly basis.
- Maintains all parish banking accounts, processes check requests, and verifies authorization for expenditures in all program and operating accounts.
- Reconciles bank statements on a monthly basis.
- Accounts for all contributions to the parish and deposits parish collections on a weekly basis.
- Provide assistance to pastoral leader and others as directed in the preparation of the annual parish budget. Provides financial information including current budget allocations, year-to-date balances and anticipated financial needs for the future.
- Serves as staff to the Parish Finance Council as requested.
- Provides bookkeeping services and advice for those who direct the various fund raising efforts for the parish, including the Annual Catholic Appeal, Sacrificial Giving and special collections.

- Maintains a level of knowledge and skills required for the bookkeeping profession. This may be accomplished by participating in Archdiocesan sponsored training, attendance at workshops and classes, reading appropriate materials and/or membership in local professional organizations.

APPROVED:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

