

ST. RAPHAEL'S CHURCH

APPLICATION FOR SPECIAL MINISTER OF THE EUCHARIST AT MASS

For use of the EM Coordinator

For the EM Coordinator to schedule ministers, please complete the information below:

NAME: _____ DATE _____

ADDRESS: _____

CITY _____ ZIP plus 4 _____

PHONE: HOME _____ CELL _____ WORK _____

E-mail (Please print clearly): _____

All Schedules or notices will be emailed, or a copy can be picked up in the Rectory or by the Sign-in Board

From the Mass Schedules listed below, indicate Primary (P), Other (O) or Sub only (S) those groups for which you wish to be assigned:

Vigil Mass Group (Saturday, 5:30 p.m.) _____

Sunday, 7:30 AM _____

Sunday, 9:30 AM..... _____

Sunday 11:00 AM..... _____

Would like to be trained as a Team Leader? Yes ___ No ___

Which do you prefer? Host ___ Cup ___ Either ___

Which Saturday or Sunday of the Month? 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___
(Check as many as you want to serve. Indicate AND ___ OR ___)

Please note that all Eucharistic Ministers MUST be VIRTUS Trained according to the Archdiocese Guidelines. Provide a copy of your Certificate with this application if you are already trained. Training and fingerprinting will be provided by the Parish Office.

Any other comments--Use reverse if necessary:

Return to: Rectory. Msgr. Jon needs these forms in order to fulfill requirements of the Archdiocese. For more information, please call Marcia Greiten @ 967-6326.

Pastoral Approval _____ Date _____

ST. RAPHAEL'S CHURCH
Office of Eucharistic Ministers
5444 Hollister Avenue
Santa Barbara, CA 93111

APPLICATION FORM FOR SPECIAL MINISTER TO THE EUCHARIST AT MASS

Place this application in an envelope marked "CONFIDENTIAL", addressed to Msgr. Jon Majarucon, Pastor, St. Raphael's.

Confidential Information

NAME: _____ AGE _____ DATE _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE NUMBER _____ OCCUPATION _____

E-mail (Please print clearly) _____

MARITAL STATUS: (Check one) Single Married
 Widowed Divorced Separated

If married, were you married by a priest in a church? Yes No

Are you a baptized Catholic? Yes No

Have you been Confirmed? Yes No

How often do you receive Holy Communion? _____

Do you have any questions or concerns you would wish to discuss with the pastor prior to your approval as a Eucharistic Minister? You can indicate the general subject below or request an appointment.

Are you VIRTUS Trained? Yes No
If you have been VIRTUS trained, please provide copy of certificate with date of training

Do you have fingerprints on file with the Parish Office? Yes No

Return to: Rectory
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Pastoral Approval _____ Date _____