

**ST. ROSE OF LIMA CATHOLIC CHURCH**  
**EXTRAORDINARY MINISTER OF HOLY COMMUNION**  
**HOSPITALS AND/OR HOMEBOUND**  
**SIGN-UP FORM**

DIOCESAN REGULATIONS FOR EXTRAORDINARY MINISTERS OF HOLY COMMUNION (EMHC)

- You must be a registered/active parishioner in good standing in your parish community.
- If married, you must be VALIDLY married in the Catholic Church.
  - If you are divorced and re-married civilly, you must first have your marriage annulled by the Tribunal.
  - If you are unmarried and living together, you must change your lifestyle before being able to be a Minister.
  - If you are divorced and not re-married, you may be a minister.
- You must be Baptized, Confirmed, and have received First Communion.
- You must attend the EMHC Training Session for the Ministry prior to being scheduled to participate.

I am currently a St. Rose of Lima Extraordinary Minister of Holy Communion (EMHC),  
and I have attended Initial EMHC Training and/or Renewal Training within the last year.                  YES          NO

Which of the following Ministries would you like to be involved in? (Please circle one or both)

**Hospital Ministry**

**Homebound Ministry**

**Please Print Legibly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

May we contact you via e-mail? (Please circle one)          Yes          No

Requests for your unavailable dates for the monthly Hospital Ministry are normally sent out at least 15 days prior for scheduling purposes. The final Hospital Ministry schedule is prepared and sent to you. If you are unable to serve for a scheduled date after the schedule is published, you will need to find your replacement by contacting other EMHCs serving in the Hospital Ministry. Homebound Ministers are assigned on an as-needed basis by the Chairperson.

Date: \_\_\_\_\_ Signature EM/ Volunteer: \_\_\_\_\_

Attended Initial Training On (Date) \_\_\_\_\_ Attended Renewal Training On (Date) \_\_\_\_\_

Added to EM/Volunteer Roster \_\_\_\_\_ Added to group email distribution list \_\_\_\_\_

EMHC Chairperson Signature \_\_\_\_\_