

EXTRAORDINARY MINISTER INFORMATION

Date: _____

New Extraordinary Minister at Holy Spirit _____

New Minister of Care (to homebound) _____

Renewal as Extraordinary Minister _____

Renewal as Minister of Care _____

Print Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Email address: _____

Please complete the following:

1) I am a Registered Parishioner of Church of the Holy Spirit: YES NO
If no, you will need to register at the next New Member Welcome Orientation & take Sexual Misconduct Class before you can be scheduled in ministry.

2) I have attended the Safe Environment Training through the Diocese of Phoenix

YES _____ Date attended and where: _____

3) I am a fully initiated Catholic (Baptism, 1st Communion & Confirmation): YES NO
If no, you are not eligible to become a Extraordinary Minister at this time.

4) If married, are you married in the Catholic Church? YES NO
If no, you will need to have your marriage sacramentally validated in the Church before you can become an Extraordinary Minister.

5) Weekend Mass Preference: Sat. 4:30 PM _____ Sun. 7 AM _____ Sun. 9 AM _____
Sun. 11 AM _____ Sun. 6 PM _____

6) I need to be scheduled at the same Mass time as another person, please note whom:

7) Comments or information you think we should know: _____

I understand that my certification as an Extraordinary Minister is for a period of 3 years, renewable with a re-certification class. I also realize that it is my responsibility to find a substitute if I am unable to serve when scheduled.

Your signature

Below for Office Use only

1. Checked SMO _____ 2. Added to Shelby _____ 3. Added to Schedule _____
4. Added to Ministry List _____ 5. Sent to Diocese for certification _____