



HOLY TRINITY CATHOLIC CHURCH
EXTRAORDINARY MINISTER OF HOLY COMMUNION
APPLICATION

Revised 05/15/2018

Name: _____

Address: _____

Phone: _____

Email: _____

Mass Preference: (Mass you wish to serve at – please pick only one)

Saturday 5:00 PM

Sunday: 8:00 AM 9:30 AM 11:15 AM 1:00 PM Spanish 5:30 PM Life Teen*

In addition to your Mass time selection, you are encouraged to minister in one of the following areas:

Hospital Ministry: YES** / NO / HOSPITAL MINISTRY ONLY (*not to be scheduled at any Mass*)

Homebound or Nursing Home: YES** / NO / MINISTRY TO HOMEBOUND ONLY (*not to be scheduled at any Mass*)

**Only for teens and adults in the Life Teen Program*

*** in addition to scheduled Masses*

These ministries may require additional training.

If you have served as an E.M.H.C in another parish, you need to provide a letter from the parish that you were a minister in good standing and any training you received toward your being formally commissioned. Please turn to the other side.

Name and location of the Church where you may have served as E.M.H.C:

For office use only (by the trainer and the priest)

Trained on (date) _____

by: _____

Commissioned on (date) _____

by: _____

For office use only (by the scheduling)

To be scheduled at: 5 PM / 8 AM/ 9:30 AM/ 11:15 AM/ 1 PM / 5:30 PM

Placed on schedule effective on: _____

