

ST. JOSEPH

|--- COTTLEVILLE ---|

Parish Ministry Participation Scheduling Information Data Request

Name: _____

Address: _____

City, ST Zip _____

Email Address: _____

Primary Phone # _____ Secondary Phone # _____

This information is used to schedule you for ministry assignments. It is listed on a roster and shared with other Eucharistic Ministers and Lectors. You may be contacted if another minister needs a substitute. If you do not want your information shared, please indicate this in the comments below.

Ministry Information

Please indicate your chosen ministry/ministries. Take this completed form with you to training, where you will complete the date trained and have your trainer sign the form.

Lector Date Trained: _____ Trainer's Signature: _____

Eucharistic Minister* Date Trained: _____ Trainer's Signature: _____

**Normally, Chalice Washing is an occasional responsibility for all Eucharistic Ministers. In certain circumstances however, a Eucharistic Minister may be unable to fulfill this role. If this is the case, please indicate in the comments below.*

Mass Preference

Please check the box to indicate your preference.

5:00 pm Saturday

7:00 am Sunday

8:45 am Sunday

10:30 am Sunday

12:15 pm Sunday

Or

Please DO NOT schedule me. I only want to sub, take communion to the sick, Serve at PSR masses, or similar.

Family Ministers

Check this box if you have a family member serving in one or more ministries and you want to be scheduled with them. Family member's name: _____.

Comments: _____

Please return completed form to your Ministry Coordinator

Coordinator Use Only

Retraining