

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** wish to be scheduled for ministry assignments, but only listed on the roster, check the box below.

Please include my information on the ministry roster only.

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

You may indicate one or two Masses to which you prefer to be assigned. Please check the appropriate boxes to indicate your first preference, and if applicable, your second preference.

Mass	1 st Preference	2 nd Preference (If Applicable)
5:00 pm Saturday	<input type="checkbox"/>	<input type="checkbox"/>
7:00 am Sunday	<input type="checkbox"/>	<input type="checkbox"/>
8:45 am Sunday	<input type="checkbox"/>	<input type="checkbox"/>
10:30 am Sunday	<input type="checkbox"/>	<input type="checkbox"/>
12:15 pm Sunday	<input type="checkbox"/>	<input type="checkbox"/>

Family Ministers

If you have a family member serving in one or more ministries do you want to be scheduled with them?

Yes No If Yes, family member's name: _____.

Comments: _____

Please return completed form to your Ministry Coordinator