Application Form
Extraordinary Minister of Holy Communion
St. Augustine Catholic Church

_____ _____ _____
First Name Last Name Application Date

_____ _____ _____ _____
Mailing Address City State Zip code

_____ _____ _____
Home Phone Work Phone Cell

_____ _____
Email Address Nbr. Years at St. Augustine

Are you currently employed? ___Employed ___Retired ___Other_____

According to the guidelines of the Church, Extraordinary Ministers of the Eucharist must be commissioned by the Pastor, as directed by the Bishop. In these days of secularism, we must firmly believe in the Real Presence in the Eucharist and be good practicing Catholics (e.g. attend Mass weekly and frequent use of the Sacrament of Penance). We must always distribute the Body and Blood of our Lord, Jesus Christ with the utmost honor and reverence.

Have you ever served as an Extraordinary Minister of the Eucharist in another parish? ___Yes ___ No

If yes, where? _____

Which Mass would you be able to minister at? _____Sat. 6:30PM ____Sun 8:30AM
_____Holy Day ____Week Day

Are you interested in bringing Communion to the sick? ___Yes ___ No

If yes, which day(s) would you be available?

_____

Are you interested in bring communion to people in nursing homes: ____Yes ___No

If yes, which nursing home(s) would you be able to go to?

_____