

# 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, 1<sup>st</sup> 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 \_\_\_\_\_