

Preliminary Application for _____ Ministry

Name: _____

Address: _____

City/State/Zip: _____

Day/work phone: _____ Night/home phone: _____

Cell phone: _____ E-Mail: _____

1. Have you been fully initiated into the Catholic Church (Baptism, Eucharist, Confirmation)? Yes____ No____
2. Are you registered at St. Peter & St. Paul Church? Yes____ No____
3. Are you married or ever married: **(if yes, answer 4, 5 & 6)** Yes____ No____
4. Were you married in the Church, or is your Marriage Blessed by the Catholic Church? Yes____ No____
5. Are you (or your spouse) presently going through an annulment? Yes____ No____
6. If married, is your spouse supportive of your involvement in this ministry? Yes____ No____
7. Can you commit to this ministry for 3 years? Yes____ No____
8. Do you believe that Jesus is truly present body, blood soul and divinity in the Blessed Sacrament? Yes____ No____
9. How often do you attend Mass? Daily Weekly Monthly
10. Why is it that you wish to volunteer in this Ministry?

11. What is your present understanding of the duties of a person serving in this Ministry?

Please list any other ministries you are in:

Mass time preference, if pertinent for this ministry:

For Office use only

Packet given on (date)_____ Returned FP_____ SE _____ MRT _____

Coordinator's Signature _____ Date _____

Pastor's Signature _____ Date _____

To Ministry Leader _____ by _____ Date _____