

Information Sheet for Eucharistic Ministers
St Matthew the Apostle Church
(please print)

I attended the meeting on _____, 200_____

NAME _____

I am new to the ministry or need to make the following changes:

ADDRESS _____

CITY, ZIP _____

PHONE _____ E-MAIL _____

I PREFER TO BE SCHEDULED ON SUNDAYS AT THE FOLLOWING MASS: (PLEASE SELECT *ONLY ONE*)

SAT 5 PM SUN 8 AM SUN 10 AM SUN 12 NOON SUN 5 PM

I CAN SUBSTITUTE WITH NOTICE ON SUNDAYS AT THE FOLLOWING MASS: (PLEASE SELECT *ALL* THAT APPLY)

SAT 5 PM SUN 8 AM SUN 10 AM SUN 12 NOON SUN 5 PM

I WOULD LIKE TO DISTRIBUTE TO THE HOMEBOUND. PLEASE CONTACT ME REGARDING THE ADDITIONAL TRAINING NEEDED.