I am willing to serve as a

EUCHARISTIC MINISTER

NAME (Please Print) _____

ADDRESS _____

_____

PHONE NUMBER _____ **ALTERNATIVE PHONE** _____

EMAIL ADDRESS _____

Which Mass do you prefer? (Check all that apply)

- ☐ **Saturday 4:30 pm**
- ☐ **Sunday 7:45 am**
- ☐ **Sunday 9:45 am**

Do you want to be included in the next schedule?

- ☐ **Yes**
- ☐ **List as substitute only**
- ☐ **Need more information**

How often do you want to be scheduled?

- ☐ **Once a month**
- ☐ **As needed**
- ☐ **Substitute only**

What is you preferred contact form?

- ☐ **E-mail**
- ☐ **Postal Mail**
- ☐ **Telephone**

Use the space below to provide any questions or comments and to note any dates you are not available to be scheduled.

_____

_____

_____

Please return this form to the Parish Office.