

St. Peter the Fisherman Parish

Liturgical Minister Intake Form

*Serving in a Liturgical Ministry requires Pastor approval.
After completing the paperwork, you will be contacted by the office.*

CONTACT INFORMATION:

Name: _____

Date: _____

Address: _____

Phone: _____

City/State/Zip: _____

Email Address: _____

Are you a registered parishioner of St. Peter the Fisherman Parish? Yes No

For which church are you applying to become a Liturgical Minister?

St. Michael, Cherryfield

Holy Name, Machias

Sacred Heart, Lubec

For which ministry are you applying? (Check all that apply)

Music

Usher

Extraordinary Minister
of Holy Communion

Sacristan

Minister to the Homebound

Lector

Altar Server

FOR ALTAR SERVERS:

Have you made your First Holy Communion? Yes No

What grade are you in? _____

What's your age? _____

Have you ever served at the altar? Yes No

Please Complete Other Side

FOR LECTOR, EMHC, SACRISTAN, MUSIC, MINISTER TO THE HOMEBOUND:

Have you received the Sacrament of Confirmation?

Yes

No

Do you regularly practice the Sacrament of Reconciliation?

Yes

No

(At least once a year as prescribed by the Church)

Are you married?

Yes

No

If "Yes", are you married in the Catholic Church?

Yes

No

Is your spouse Catholic?

Yes

No

In which church were you married? _____

What is your spouse's name? _____

SAFE ENVIRONMENT TRAINING:

Have you completed the necessary Safe Environment Training?

Yes

No

I certify that all the information I have given is accurate to the best of my knowledge. I agree to:

- 1) *Attend initial and all formative training as provided by the parish*
- 2) *Adhere to parish and diocesan Safe Environment Policy (if required)*
- 3) *Serve as scheduled or find a commissioned substitute*
- 4) *Attend Sunday and Holy Day Masses and participate in the Sacraments as prescribed by the Church*
- 5) *Support the mission and vision of St. Peter the Fisherman Parish as an engaged parishioner*

Signature: _____

Date: _____

Parent's Signature (if under 18): _____

For Office Use Only:

Pastor Interview: _____

Formation: _____

Training: _____

Safe Environment: GGChk _____ PGC _____

Pastor Approval: _____

Date: _____