

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

I attended the training on _____, 201_____

NAME _____

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

Background Information:

Confirmed? Yes No Approximate Date _____
(circle one)

Church & Location _____

Married? Yes No Wedding Date _____
(circle one)

Church & Location _____

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