



Application for

Extraordinary Minister of Holy Communion/EMHC to the Sick

Holy Family Catholic Church

Please print

Last Name		First Name		Middle		Suffix		
Parent name (if under 18)			Address					
City				State		ZIP		
Email address (if under 18, put both yours and parent's email)				Home Phone #		Cell Phone #		
Birthdate (Month/Date/Year)		Month/Year of Baptism		Month/Year of First Communion		Month/Year of Confirmation		
Marital Status: Single		Married		Widowed/Widower		Is your marriage recognized by the Catholic church? Yes No		
Holy Family Parish Registration #	Have you ever served in this ministry in another parish? Yes No	If so, please list the parish name(s) and diocese _____ _____ _____						
Indicate your weekend Mass preference	Sat 5 p.m.	Sun 7 a.m.	Sun 8:45 a.m.	Sun 10:30 a.m.	Sun 12:15 p.m.	Sun 6 p.m.		
Circle if you wish to serve in these Masses			Daily Masses 6:45 or 8:30		School Masses		Funeral Masses	
Have you completed the online Safe Environment Training? Yes No Date				Have you completed diocesan Fingerprinting? Yes No Date				
Do you wish to serve as EMHC to the Sick (circle one)? Yes No If Yes, fill out everything on next page.								
<p>Extraordinary Minister of Holy Communion (EMHC) and EMHC to the Sick:</p> <p>Extraordinary Ministers of Holy Communion distribute the Body and Blood of Christ to the assembly at all Masses in the parish. EMHCs to the Sick are mandated EMHCs who take the Most Holy Eucharist to sick and homebound parishioners. All EMHCs are mandated and approved by the Bishop of Orlando to assist with the needs of the parish surrounding the celebration of the Mass and the distribution of Holy Communion. Mandates are effective for five years.</p> <p>All Extraordinary Ministers must be approved and recommended by the pastor before submission to the Diocesan Office of Liturgy. Diocesan and local training are required. Diocesan Safe Environment training and Fingerprinting are required for all EMHCs, including EMHCs to the Sick and those who serve at School Masses.</p>				<p>Why would you like to be a EMHC and/or EMHC to the Sick? (use an extra sheet of paper if needed)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

Signature required on next page for both EMHC and EMHC to the Sick

EMHC/EMHC to the Sick application page 2; NOTE: EMHC to the Sick must be at least 21.

Do you drive?		Have a car?		Languages	
Do you have auto insurance? Yes		No		Date verified	
When are you available to do ministry visits:		Weekly		Bi-weekly	
				Once a month	
Do you prefer:	Hospital	Nursing Home	Homebound	Substitute	What day of the week would you be able to serve?
Are you available to attend the half-day training for EMHC?					
Are you willing to attend the training for the Ministry of the Sick?					
Are you willing to commit to this ministry for five years?					
Are you willing to complete the hours of continuing education (15 hours) needed for recertification?					
EMHC to the Sick Coordinator Signature				Date	
Applicant Signature _____				Date _____	
Parent Signature (required if under 18) _____				Date _____	
Office use only Action taken:		Fingerprinted:		Pastor approval:	
EMHC coordinator approval		Notes:			
EMHC to Sick coordinator approval					
Pastor approval					