



# MINISTRY TO THE SICK

## Application form

*For I was sick... I was alone... and you visited me... when you did it to these... you were doing it to me! (Matt: 25:36,40)*

### Please Print:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Languages: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No    Do you have an automobile? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have auto insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No    Date verified: \_\_\_\_\_

### Safety and security for our most vulnerable parishioners is very important:

Registered in Parish? \_\_\_\_\_ Fingerprinted through the Diocese/Date? \_\_\_\_\_

Have you completed the Diocesan Safe Environment Training video? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Ministers to the Sick take the Most Holy Eucharist to our sick and homebound parishioners. Therefore, it is very important that Ministers are in a state of Grace.**

Have you been trained as an Extraordinary Minister of Holy Communion? \_\_\_\_\_ Yes \_\_\_\_\_ No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

If married, were you married in the Catholic Church? \_\_\_\_\_

If single, widowed or divorced, do you live alone? \_\_\_\_\_

Why would you like to be a Minister to the Sick? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to do ministry visits: Weekly\_\_\_\_\_ Bi-Weekly\_\_\_\_\_ Once a Month \_\_\_\_\_

Are you able to attend the daylong training for Ministry to the Sick? \_\_\_\_\_Yes \_\_\_\_\_ No

Are you available to attend the half-day training for EMHC? \_\_\_\_\_Yes \_\_\_\_\_ No

*Ministry to the Sick requires continuing education and spiritual growth. Your certification must be renewed every three years by attending 9 hours of Spiritual and 9 hours of Educational continuing educations. Hours can be completed by attending Diocesan Mornings of Reflection, Diocesan seminars or conferences, or parish based seminars, series, etc.*

Are you willing to commit to this Ministry for three years? \_\_\_\_\_Yes \_\_\_\_\_ No

Are you willing to complete the hours needed for certification? \_\_\_\_\_Yes \_\_\_\_\_ No

MTS Applicant Signature: \_\_\_\_\_ Date:\_\_\_\_\_

MTS Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor Approval: \_\_\_\_\_Yes \_\_\_\_\_ No Initials: \_\_\_\_\_ Date: \_\_\_\_\_