

**Department of Pastoral Life Ministry
Application for Ministry to the Sick Training**

PLEASE PRINT

Name: _____ **Date of Training:** _____

Parish _____ **E-Mail:** _____

Phone: _____ **Fax:** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Are you presently trained and approved as a Eucharistic Minister? ___ Yes ___ No

If so what was the approximate date of your training? _____

Preference: _____ **Direct Patient Contact:**

I prefer to Minister in a: _____ **Hospital** _____ **Home**

_____ **Nursing Home** _____ **Assisted Living**

_____ **Other**

I will be able to devote _____ **hours per week to this ministry.**

They will be during:

_____ **Day** _____ **Evening** _____ **Weekend only**

Please list any previous experience you have had in ministering to sick or in a related area.

Signature

Pastor or Representative

Please complete form and return to Your Parish Coordinator or mail to:

Alma Abuelouf

Catholic Center

5825 Shelby Oaks Dr.

Memphis, TN 38134

Tel. (901) 373-1224

Fax (901) 373-1269

****Please note that Pastor's signature or his representative is required in order to attend the training.**

Office Use:

Date: _____

Comments: _____