

St. Joseph the Worker Parish

191 Wade Gate, Thornhill, ON

Ministry Registration Form

"Serving the Lord with Joy"

Eucharistic Minister of Holy Communion Homebound

Personal Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Sacramental Information

Do you meet the age requirement of 18 or older? Yes No

Are you a baptized Catholic? Yes No

Have you received the First Holy Communion? Yes No

Have you received Confirmation? Yes No

Are you married? Yes No

If yes, is it in the Catholic Church? Yes No

Volunteer Information

Why are you interested in serving in this ministry?

Previous experience in this or other ministries (if any):

Do you have any special skills or talents relevant to this ministry?

Availability

- Saturday Vigil [5 pm]
- Sunday Morning Italian [9 am]
- Sunday Morning [10:30 am]
- Sunday Morning [12 pm]
- Special Celebrations

Requirements

All volunteers must:

1. Attend an interview with the parish leadership/coordinators.
2. Undergo a Volunteer Screening Process, as outlined by the Archdiocese of Toronto.
3. Obtain a Police Background Check (free of charge from the volunteer).

Consent & Declaration

I understand that by volunteering for this ministry, I am committing to serve faithfully and reverently as an Extraordinary Minister of Holy Communion to the Homebound. I agree to participate in any required formation, training, screening, and background checks as requested by the parish.

I affirm that I will uphold the teachings, discipline, and liturgical norms of the Catholic Church, and that I will carry out this ministry with respect, discretion, confidentiality, and care for the Body and Blood of Christ and for those whom I serve, especially the sick, elderly, and homebound.

I further agree to follow the policies and guidelines of the Archdiocese of Toronto and understand that this is a ministry of the parish, exercised under the authority of the pastor and ordinarily within the parish's boundaries.

By signing below, I acknowledge and accept the requirements and responsibilities associated with this ministry.

Signature: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Interview Conducted: Yes No

Date: _____

Screening Completed: Yes No

Date: _____

Police Check Submitted: Yes No

Date: _____

Training Completed: Yes No

Date: _____