

St. Joseph the Worker Parish

191 Wade Gate, Thornhill, ON

Ministry Registration Form

"Serving the Lord with Joy"

Eucharistic Minister of Holy Communion

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. 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, and care for the Body and Blood of Christ and for the people I serve.

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: _____