

**Department of Pastoral Services  
Office of Community Health Ministry  
Ministry to the Sick**

**Registration for Ministry to the Sick Training**

Name: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Parish \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ 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 fill out 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: \_\_\_\_\_