



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

PLEASE PRINT

Name: _____ Date of Training: _____

Parish _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

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

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

Alma Abuelouf

Catholic Diocese of Memphis

5825 Shelby Oaks Dr. Memphis, TN 38134

Tel. (901) 373-1224

Fax (901) 373-1269

Email completed form to: Sharon.kowalke@cc.cdom.org

Office Use:

Date: _____

Comments: _____