

**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: _____