



Extraordinary Minister of The Eucharist Registration Form

St. John the Evangelist Catholic Church
 625 111th Ave N., Naples, FL 34108
 (239) 566-8740 www.saintjohntheevangelist.com
 E-mail: EMMinistry@SJECC.com

Qualifications to Serve as an Extraordinary Minister of the Eucharist (EME)

Date: _____

To serve as an Extraordinary Minister of the Eucharist, persons must:

- Be practicing Catholics, distinguished in their Christian life, faith and morals.
- Be at least a Junior in High School (16 y.o.)
- Have received the Sacraments of Baptism, First Penance & Reconciliation, Confirmation, and the Eucharist.
- Demonstrate a deep reverence for and devotion to the Holy Eucharist.
- Be an active registered member of the parish of Saint John the Evangelist or a Northern parish.
- If married, the marriage must be a valid Catholic marriage and in good standing with the church.

Contact Information

NAME		Birth Year:	Local Neighborhood:		
LOCAL ADDRESS	Street:	City:		ST:	Zip:
Email Address:			Local Phone:		Cell:
Full Time Florida Resident ___ Y ___ N		If Seasonal Resident: Circle months available to serve in our EM Ministry J F M A M J J A S O N D			

Availability

Please choose ONE area in which you wish to serve: (**Completing digital fingerprinting & Safe Environment Training (SET) are required by the Diocese of Venice. These are included as steps in our process.**)

❖ WEEKEND MASSES					
VIGILS (Saturday)	___ 3 PM		___ 5 PM		
SUNDAY	___ 7AM	___ 9AM	___ 11/11:15AM	___ 1:00/1:15	___ 5PM Contemporary
❖ WEEKDAY MORNING MASS ___ 8 AM (Nov-April) ___ 9 AM (Nov-April) ___ 8:30 AM (Summer)					
❖ HOLY EUCHARIST TO THE HOMEBOUND, CARE FACILITIES or HOSPITAL (see Prerequisites)					
___ Homebound		___ Nursing Homes - Assisted Living Facilities		___ NCH Hospital North	

Previous Ministry Experience

Summarize your previous EME or other **ministry experience(s)**.

Active EME in other Parishes? ___ Y ___ N	# yrs	Parish	City	St.
Experience (continue on back, if necessary)				
REFERENCE: List name & contact information	Name:		Email + Phone:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to serve in this ministry, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name: (printed)	Signature:	Date:
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Thank you for completing this Extraordinary Minister of the Eucharist registration form and your interest in serving in this ministry.

Drop off completed form at the parish office, Attn: Assistant to the Pastor.

Internal Use Only: Date office rec'd form: _____ Date to Pastor Asst. _____ Priest: Fr. _____ Appt Date: _____
Priest Notes:
Accepted by Priest to Serve ___ Y ___ N Scan to EME Coordinators: _____ Date to Training Coordinator: _____