



OUR LADY OF LA VANG CHURCH

DIOCESE OF ORANGE

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www.ourladyoflavang.org * parish@ourladyoflavang.org

APPLICATION

Extraordinary Ministers of Holy Communion Ministry

Christian/Baptismal Name: _____

Full Name: _____ Male Female

Date of Birth: _____ Date of Baptism: _____

Date of First Communion: _____ Date of Confirmation: _____

Single Widow/Widower Divorced Separated Married; if *Married*, I testify that my current marriage has been blessed in the Catholic Church: No Yes; if *Yes*, I attach with this application my Catholic Church Marriage Certificate.

Address: _____

City _____ California Zip Code _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

I agree to serve at:

Saturday 6:00 pm 8:00 pm

Sunday 6:30 am 8:30 am 10:30 am 12:30 pm 4:30 pm 6:30 pm

I agree to serve when assigned, to fill in whenever I am needed to substitute for another minister, and to call another minister to substitute for me when I cannot serve as scheduled. I agree that another minister may take my place if I am not present **at least 10 minutes before Mass starts**. I agree that if I **do not serve 3 times without a right excuse**, I will be removed from Extraordinary Ministers of Holy Communion Ministry for a period of 6 months. I agree all: No Yes

I agree to take Holy Communion to the Sick and the Hospitals: No Yes; if *Yes*, I agree to comply with the Diocesan Policy that *“All diocesan employees and volunteers, school and parish, age 18 and above, working in any capacity with minors, children under the age of 18, must obtain 3 things: criminal background screening, safe environment training and sign the Diocesan Policy Against Sexual Misconduct Code of Conduct.”* I agree all: No Yes

Applicant's Signature: _____ Date: _____