



Extraordinary Ministers of Holy Communion

PLEASE PRINT

Commitment Contract for the all Extraordinary Ministers of Holy Communion

I.

NAME: _____

ADDRESS: _____

PHONE: _____

Home/Work

Cell

E-MAIL: _____

II. Please indicate the Mass you will commit to:

5:00 pm____ 7:30 am____ 9:30 am____ 11:30 am____

III. Date of training completed: _____

IV. Date of commission: _____

V. As a parishioner of St. Patrick Parish, I faithfully commit to exercising to the role of Extraordinary Minister of Holy Communion in service to God and the Church.

VI. Signed: _____

Date: _____

VII. Approval of the Pastor: _____

Date: _____

Volunteer Verification _____

Date _____