



LAY COLLABORATORS ELIGIBILITY FORM

Print Name: _____ Date of Birth: _____

Email: _____ Telephone: (cell) _____

Mailing Address: _____

Fluent languages: _____

Preferred Contact Method: Text Call Email

Liturgy		
<input type="checkbox"/> Usher	<input type="checkbox"/> Lector	<input type="checkbox"/> EMHC (Extraordinary Minister of Holy Communion)
<input type="checkbox"/> Altar Server	<input type="checkbox"/> Choir	<input type="checkbox"/> Altar Society
<input type="checkbox"/> Homebound		

Faith Formation	
<input type="checkbox"/> Teacher – Catechist or Aide	<input type="checkbox"/> Youth Group
<input type="checkbox"/> Junior Youth Group	<input type="checkbox"/> Mary's Mantle

Stewardship	
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Fiesta Committee
<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Other	

Masses I would like to Serve (if applicable)			
<input type="checkbox"/> 5:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 10:00 AM	<input type="checkbox"/> 12:00 PM

Days and Times you are available					
	Sunday	Tuesday	Wednesday	Thursday	Saturday
8am – 12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12pm – 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5pm – 9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**** PLEASE READ AND CHECK THE FOLLOWING AFFIRMATIONS ****

I have celebrated the following Sacraments: Baptism Confirmation Eucharist Sacramental Marriage

I participate in Sunday Mass regularly. I am a registered parishioner at San Martin de Porres in Sahuarita.

I have completed a Volunteer application in accordance to the Safe Environment & Compliance Department.

I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.

Signature: _____ Date: _____

FOR USE BY THE PARISH OFFICE

To the best of my knowledge this person is able to fulfill the responsibilities involved in Ministry of the Lay Collaborators.

Signature: _____ Date: _____

Rev. Martin Martinez, Pastor

