

ST. ELIZABETH ANN SETON CATHOLIC CHURCH

3145 SW 192<sup>nd</sup> Ave Aloha OR 97006  
503-649-9044 [www.seas-aloha.org](http://www.seas-aloha.org)

Liturgical Ministry Application and Agreement Form

Date of Application \_\_\_\_\_

PRINT OR TYPE Please complete all information requested.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone(Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you registered in the parish? Yes \_\_\_\_\_ No \_\_\_\_\_ (If “no”, please register now.)

Approximately how long have you been with the parish? \_\_\_\_\_ months \_\_\_\_\_ years

Check one: \_\_\_\_\_ Eucharistic Minister      \_\_\_\_\_ Lector  
                  \_\_\_\_\_ Usher/Greeter                      \_\_\_\_\_ Altar Server

Marital Status:    Single \_\_\_\_\_  
(Please                Widowed \_\_\_\_\_  
check                Married \_\_\_\_\_  
one)                 Divorced \_\_\_\_\_  
                          Member of Religious Order \_\_\_\_\_

The Catholic Church and St. Elizabeth Ann Seton Parish require that:

1. You are an active and fully initiated Catholic (you have received the sacraments of Baptism, Eucharist and Confirmation.)
2. You are in good standing in the Church.
3. You are supportive of the official teachings on faith and morals of the Gospel and the Church.

## SACRAMENTAL RECORDS

Baptism

Date: \_\_\_\_\_ Church Name and Location: \_\_\_\_\_

First Communion

Date: \_\_\_\_\_ Church Name and Location: \_\_\_\_\_

Confirmation

Date: \_\_\_\_\_ Church Name and Location: \_\_\_\_\_

Marriage

Date: \_\_\_\_\_ Church Name and Location: \_\_\_\_\_

Why do you want to serve in this ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AGREEMENT

*(Please initial)*

I will commit to faithful participation in the training program and periodic enrichment and updating sessions. \_\_\_\_\_

I will commit to the 'Called to Protect' training and abide by the Archdiocesan Code of Conduct. \_\_\_\_\_

I will commit to serve for two years. \_\_\_\_\_

I will observe all the rules, customs and courtesies of the Catholic Church in ministering to others. \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Acceptance by Pastor \_\_Yes \_\_\_No/Reason\_\_\_\_\_

\_\_\_\_\_  
Pastor's initials

\_\_\_\_\_  
Date

This application will be kept on file in the parish office for as long as the person is in an active member of the ministry. 6/28/2011