



# Our Lady of Perpetual Help

91-1004 North Road, Ewa Beach, HI 96706

## LITURGICAL MINISTERS FORM

Today's Date \_\_\_\_\_

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname \_\_\_\_\_ Family ID/Offering Envelope # \_\_\_\_\_

Date of Birth (Mo/Day) \_\_\_\_\_ Male \_\_\_ Female \_\_\_ (check one)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### SACRAMENTS RECEIVED

**Baptism:**

Date \_\_\_\_\_ Church/Address \_\_\_\_\_

**First Communion:**

Date \_\_\_\_\_ Church/Address \_\_\_\_\_

**Confirmation:**

Date \_\_\_\_\_ Church/Address \_\_\_\_\_

**Matrimony (married in the Catholic Church):**

Date \_\_\_\_\_ Church/Address \_\_\_\_\_

### LITURGICAL MINISTRIES

**Existing Ministers:** Indicate "C" for the ministry(ies) you **currently** serve in.

**New Ministers:** Indicate "P" for the ministry(ies) you **prefer** to serve in.

- Altar Server at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Children's Liturgy of the Word at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Extraordinary Minister of H.C. at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Homebound Minister of H.C. at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Lector at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Music Minister at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Sacristan at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Usher/Hospitality at \_\_\_\_ Sat 5pm; \_\_\_\_ Sun 7am; \_\_\_\_ Sun 9am; \_\_\_\_ Sun 11am; \_\_\_\_ Sun 5pm
- Liturgical Environment Ministry
- Linen Ministry
- Vestment Ministry

Comments:

## MEDICAL AND EMERGENCY INFORMATION

Do you have any medical condition(s) or special needs that we need to know about? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain.

---

---

In case of an emergency who do we call?

1. Name/Relationship: \_\_\_\_\_

Home/Cell Phone #'s \_\_\_\_\_

2. Name/Relationship: \_\_\_\_\_

Home/Cell Phone #'s \_\_\_\_\_

Other important information: \_\_\_\_\_

---

---

## OTHER REQUIREMENTS

Adult volunteers in CLOW (Children's Liturgy of the Word) and Altar Servers are required to complete the Diocesan Safe Environment Initial Training program within sixty (60) days from the official start date of your assigned duties and yearly recertification. I understand that as a person working with children and/or youth, I am required to complete a background screening to the full extent of Hawaii state law.

❖ Have you completed the background screening? \_\_\_\_ Yes \_\_\_\_ No

❖ Have you completed an initial Safe Environment Training program? \_\_\_\_ Yes \_\_\_\_ No

If yes, date of certification: \_\_\_\_\_

❖ Have you completed re-certification (renewal) requirements? \_\_\_\_ Yes \_\_\_\_ No

If yes, date of re-certification: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_