

**BRIGHAM AND WOMEN'S HOSPITAL
EUCCHARISTIC MINISTER VOLUNTEER APPLICATION**

PERSONAL DATA

Name _____ SS# _____
Address _____ City _____ Zip _____
Phone :Home _____ Work _____ Email _____
In emergency, notify _____ Relationship _____ Tel _____
Are you presently a Eucharistic Minister? Yes _____ No _____ If yes, how long? _____
Parish _____ City _____
Pastor _____ Phone _____
Address _____

AVAILABILITY

What time(s) are you available to serve as a Eucharistic Minister? (please circle):

Monday	morning	afternoon	evening	Friday	morning	afternoon	evening
Tuesday	morning	afternoon	evening	Saturday	morning	afternoon	evening
Wednesday	morning	afternoon	evening	Sunday	morning	afternoon	evening

Assignment time preferred, if known _____

BACKGROUND

School or employer _____ Job title _____
Previous volunteer experience _____
Bilingual/Fluency: *please list language(s) spoken* _____
Special skills, talents or interests: music, art, crafts, computer skills, fundraising:

REFERENCES

Please list two school or work related references:

Name _____ Name _____
Address _____ Address _____
Phone _____ Phone _____
Relationship _____ Relationship _____

I understand that before I begin my volunteer services, if not employed by Partners, I will attend orientation, be interviewed, and complete immunization screening and obtain clearance. I certify that the information provided on this application is true and correct. I understand that I will receive no monetary compensation for my services.

Signature _____ Date _____

For office use:			
Interview by _____	Orientation _____	EM Training _____	References _____
Health Screening _____	CORI _____	Start Date _____	6/03:fh