



Queen of Apostles Liturgical Ministries Scheduling Information Form

Date: _____

First Name: _____

Last Name: _____

Title: Mr Mrs Ms _____

Phone: Main # _____

Cell # _____

Address: _____

City, State, Zip: _____

Email: _____ or _____

Family Members* to Link together:

**Please also fill out a separate form for each individual family member listed.*

Mass Preferences*: ___Saturday, 5:00pm ___Sunday, 8:00am ___Sunday, 10:30am

**If you are available for more than one Mass, number them #1, #2, #3.*

Ministries*: ___ Usher ___ Altar Server ___ Lector ___ Eucharistic Minister

___ Cantor ___ Choir Member ___ Musician, Instrument _____

___ Resurrection Choir ___ Adult Server

**Mark an "X" next to your main ministry/ies and an "S" next to the ones for which you are willing be a substitute.*

Preferred Frequency of Ministry: ___ Weekly ___ Bi-weekly ___ Monthly

___ Other: _____

Unavailable Times/Dates:

Thank you for your liturgical ministry service.