

# MINISTRY TO THE SICK (MTS)

## Application form

*For I was sick... I was alone... and you visited me... when you did it to these... you were doing it to me! (Matt: 25:36,40)*

**Please Print:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Do you drive? \_\_\_\_\_ Have a car? \_\_\_\_\_ Languages: \_\_\_\_\_

**Safety and security for our most vulnerable parishioners is very important:**

Registered in Parish? \_\_\_\_\_ Fingerprinted through the Diocese/Date? \_\_\_\_\_

Have you completed the Safe Environment Training video? \_\_\_\_\_

Date of last fingerprint/background check: \_\_\_\_\_

**Ministers to the Sick take the Most Holy Eucharist to our sick and homebound parishioners. Therefore, it is very important that Ministers are in a state of Grace.**

Are you a certified Extraordinary Minister of Holy Communion? Yes\_\_\_ No\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

If married, were you married in the Catholic Church? \_\_\_\_\_

If single, widowed or divorced, do you live alone? \_\_\_\_\_

Why would you like to be a Minister to the Sick? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief resume of your involvement in the religious and social affairs of your parish and or community below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to do ministry visits: Weekly\_\_\_\_\_ Bi-Weekly\_\_\_\_\_ Once a Month \_\_\_\_\_

Are you able to attend a day long training for Ministry to the Sick? Yes\_\_\_ No \_\_\_

Are you available to attend a half-day training for EMHC? Yes\_\_\_ No \_\_\_

Are you interested in: Hospital \_\_\_\_\_ Home Bound \_\_\_\_\_ Nursing Home \_\_\_\_\_

*The Diocese of Orlando requires Ministers to the Sick to participate in continuing education and spiritual growth. This can be completed by attending MTS Mornings of Reflection, Diocesan seminars or conferences, MTS meetings and Parish Missions. Your certification renews every five years and will only be renewed if you have participated in ongoing formation in this ministry.*

Are you willing to commit to this Ministry for five years? Yes\_\_\_ No \_\_\_

Are you willing to comply with the above continuing education requirements needed for re-certification? Yes\_\_\_ No \_\_\_

MTS Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office:*

MTS Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Date of EMHC Training \_\_\_\_\_ Parish \_\_\_\_\_

Date of MTS Training \_\_\_\_\_ Parish \_\_\_\_\_

Date Scheduled for Shadowing \_\_\_\_\_ MTS \_\_\_\_\_ Hosp \_\_\_\_\_ NH \_\_\_\_\_ HB \_\_\_\_\_

Date of HNJ Inhouse Training \_\_\_\_\_

Fingerprinted \_\_\_\_\_