



# HOLY NAME OF JESUS

## CATHOLIC COMMUNITY

### *Youth Extraordinary Minister of Holy Communion (EMHC) Application*

PLEASE FULLY COMPLETE

Parent Full Name \_\_\_\_\_ Cell # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

1. If applicable, please select the weekend Mass the youth wishes to serve: ☐ 4:30 pm ☐ 7:15 am ☐ 8:45 am ☐ 10:30 am ☐ 12:15 pm ☐ 5:00 pm

2. If applicable, please select the daily Mass the youth wishes to serve: ☐ 7:00 am ☐ 8:30 am  
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

3. Is the youth ONLY interested in just being a substitute? Yes ☐ No ☐

4. Is the youth baptized? ☐ Yes ☐ No Is the youth confirmed? ☐ Yes ☐ No

5. Are the parents registered at Holy Name of Jesus? ☐ Yes ☐ No Since? (mo/yr): \_\_\_\_\_

6. Has youth been Fingerprinted with Diocese of Orlando in last 5 yrs? ☐ Yes ☐ No

7. Please provide a brief description of youth's involvement in the religious and social affairs of our parish and/or community: \_\_\_\_\_  
\_\_\_\_\_

8. Is youth a member of any HNJ ministries? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

9. Was youth an EMHC at another Orlando Diocese parish? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

***Please return this form to George Kobosko, [gekobosko@hnj.org](mailto:gekobosko@hnj.org)***

**(Revised 5/17/23, ST)**