

# MINISTER PERSONAL PROFILE FORM

Please complete your personal profile (one per minister) in order that we may update our records. Please print clearly. Thank you.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Ministry:** Please circle all that apply to you

Counter

Altar Server

Lector/Reader

Extraordinary Minister of Holy Communion

**Number Mass times in order of preference:**

4:00 PM\_\_\_

7:30 AM\_\_\_

9:00 AM\_\_\_

10:30 AM\_\_\_

12 NOON\_\_\_

**Nursing Home Extraordinary Minister:**

Cortland Place

Hebert's

North Bay Manor

The Village at Waterman Lake

**Service day preferences for Nursing Home Extraordinary Minister:**

Sunday

Tuesday

First Friday

**If you have other family members who are ministers, do you prefer to be scheduled at the same time?**

Yes \_\_\_\_\_ No \_\_\_\_\_ No preference \_\_\_\_\_

Please return the completed form by the weekend of August 22/33 either by leaving it in the sacristy or mailing it to the rectory at 622 Putnam Pike, Greenville, RI 02828