

# SACRED HEART ROMAN CATHOLIC CHURCH

601 EAST FT. LOWELL RD.

TUCSON, AZ 85705

Phone (520)-888-1530

Office Hours: M-F 8:30am-4:30pm

Email: [VSullivan@diocesetucson.org](mailto:VSullivan@diocesetucson.org)

## LAY COLLABORATORS ELIGIBILITY FORM

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (cell) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fluent languages: \_\_\_\_\_

Preferred Contact Method: Text Call Email

Liturgy		
<input type="checkbox"/> Usher	<input type="checkbox"/> Lector	<input type="checkbox"/> EMHC <small>(Extraordinary Minister of Holy Communion)</small>
<input type="checkbox"/> Altar Server	<input type="checkbox"/> Choir	<input type="checkbox"/> Altar Society
<input type="checkbox"/> Homebound		

Faith Formation	
<input type="checkbox"/> Teacher – Catechist or Aide	<input type="checkbox"/> Youth Group
<input type="checkbox"/> Junior Youth Group	<input type="checkbox"/> Mary's Mantle

Stewardship	
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Fiesta Committee
<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Other	

Masses I would like to Serve (if applicable)			
<input type="checkbox"/> 5:00 PM	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 10:00 AM	<input type="checkbox"/> 12:00 PM

Days and Times you are available					
	Sunday	Tuesday	Wednesday	Thursday	Saturday
8am – 12pm	<input type="checkbox"/>				
12pm – 5pm	<input type="checkbox"/>				
5pm – 9pm	<input type="checkbox"/>				

\*\* PLEASE READ AND CHECK THE FOLLOWING AFFIRMATIONS \*\*

I have celebrated the following Sacraments: Baptism Confirmation Eucharist Sacramental Marriage

I participate in Sunday Mass regularly.  I am a registered parishioner at San Martin de Porres in Sahuarita.

I have completed a Volunteer application in accordance to the Safe Environment & Compliance Department.

I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR USE BY THE PARISH OFFICE

To the best of my knowledge this person is able to fulfill the responsibilities involved in Ministry of the Lay Collaborators.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev

Pastor

CHURCH SEAL