



**HOLY TRINITY CATHOLIC CHURCH**  
**EUCCHARISTIC MINISTER APPLICATION**

Revised on January 13, 2016

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

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

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

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

**Mass Preference: (Mass you wish to serve at)**

**Saturday 5:00 PM**

**Sunday:**        8:00 AM        9:30 AM        11:15 AM        1:00 PM Spanish  
5:30 PM Life Teen\*

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In addition to your Mass time selection, you are encouraged to minister in one of the following areas:

**Hospital Ministry:** YES\*\* / NO / HOSPITAL MINISTRY ONLY (*not to be scheduled at any Mass*)

**Homebound or Nursing Home:** YES\*\* / NO / MINISTRY TO HOMEBOUND ONLY (*not to be scheduled at any Mass*)

*\*Only for teens and adults in the Life Teen Program*

*\*\* in addition to scheduled Masses*

*These ministries may require additional training.*

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If you have served as an Eucharistic Minister in another parish, you need to provide a letter from the parish that you were a minister in good standing and any training you received toward your being formally commissioned as an Eucharistic Minister. Please turn to the other side.

**Name and location of the Church where you may have served as an Eucharistic Minister:**

\_\_\_\_\_

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***For office use only (by the trainer and the priest)***

Trained on (date) \_\_\_\_\_

by: \_\_\_\_\_

Commissioned on (date) \_\_\_\_\_

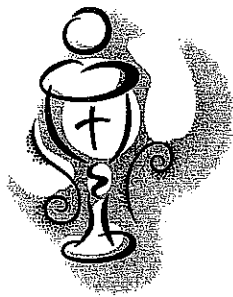
by: \_\_\_\_\_

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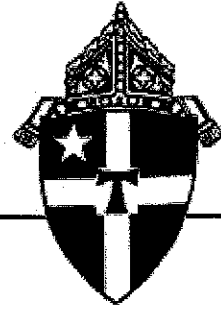
***For office use only (by the scheduling)***

To be scheduled at : 5 PM / 8 AM/ 9:30 AM/ 11:15 AM/ 1 PM / 5:30 PM

Placed on schedule effective on: \_\_\_\_\_



# THE ARCHDIOCESE OF SAN ANTONIO



## CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

**\*\*Please print as neatly as possible and fill out both sides. Illegible forms will be returned.**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Other last names used in the past five years: \_\_\_\_\_

Current address: \_\_\_\_\_  
                                    Street                                    City                                    State                    Zip

Work phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Driver's license #: \_\_\_\_\_ State \_\_\_\_\_

Name of Parish, School, or Agency: \_\_\_\_\_

Name of Volunteer Position or Job Title with Parish, School or Agency: \_\_\_\_\_

Will this position require you to work or volunteer consistently (more than one time) with minors? Yes \_\_\_ No \_\_\_

### FOR OFFICE USE ONLY:

This form entered into EappsDB system. \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_



**You must answer the following:**

**Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.)         YES         NO**

**If you answered "YES", please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:**

**I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.**

**I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.**

**I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.**

**I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.**

**The statements made by me on this form are true, correct, accurate and complete and are made in good faith.**

**I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.**

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