

Liturgical Ministers Survey
Ministers for Sunday and Holy Day Liturgies
Cathedral of Our Lady of Perpetual Help

Date _____

Name _____

Please, only one person per form. For special scheduling (e.g. a child) see below.

Address _____

Home Phone _____ Daytime Phone _____

Email: _____

The information below will be effective on and after ____ / ____ / _____ next schedule

Ministry(ies) ___ EM ___ Proclaimer ___ Hospitality
 ___ MC ___ Server ___ Sacristan
 ___ Instrumentalist (piano or organ) ___ Cantor

I am available at the following Mass times:

___ 5:30 Saturday	___ Holy Days 7:00 am
___ 8:00 Sunday	___ Ash Wed. 12:10 pm
___ 10:30 Sunday	___ Holy Days 5:30 pm (6:00 Wed.)
___ 5:30 Sunday	___ Christmas Midnight Mass
	___ Easter Vigil

I wish to be scheduled no more than ____ time(s) per month. **Note: please leave this option blank if you can, the added flexibility will be very helpful, and we will try to schedule you as fairly as possible.**

Please do not schedule me and the following family members at different times on the same weekend. **If there is someone who must be scheduled if and only if you are scheduled (e.g. a younger child) please circle that person's name in the list below:**

If there is a musical group that you are in, please list it below and you will not be scheduled on a weekend at which the group performs. If there is a musical group that you should be scheduled with (e.g. a family member is in the group), please list the group with the notation, "- schedule with."

I give permission to list my name, and home phone number, on the ministry rosters used by other ministers who need a substitute. ___ Yes ___ No

Signature

01/20/2007

**Liturgical Ministers Survey
Ministers for Daily Masses
Cathedral of Our Lady of Perpetual Help**

Date _____

Name _____

Address _____

Home Phone _____ Email: _____

The information below will be effective on and after ____ / ____ / _____ next schedule

Ministry (check all that apply) ___ EM ___ Proclaimer ___ Server

Please schedule me and the following people at the same times:

I am available for the following masses (check all that apply):

- | | |
|--------------------|-----------------------------------|
| ___ 7:00 Monday | ___ 5:30 Monday |
| ___ 7:00 Tuesday | ___ 5:30 Tuesday |
| ___ 7:00 Wednesday | ___ 6:00 Wednesday |
| ___ 7:00 Thursday | ___ 5:30 Thursday |
| ___ 7:00 Friday | ___ 5:30 Friday |
| ___ 8:00 Saturday | ___ 11:15 1 st Fridays |

I wish to be scheduled no more than ____ time(s) per week/month (indicate which). **Note: if this option is left blank, the added flexibility will be very helpful, and we will try to schedule you as fairly as possible.**

Note: if you can help on a Holy Day of Obligation during the week please fill out the survey for Sunday and Holy Day liturgies.

I give permission to list my name and home phone number on the ministry rosters used by other ministers who need a substitute. ___ Yes ___ No

If there are additional considerations concerning how you should be scheduled, please make note of them below.

Signature

01/17/2007