

LECTOR INFORMATION SHEET

NAME _____

ADDRESS _____

CITY, ZIP _____

PHONE (h) _____ (c) _____

E-MAIL _____

How do you prefer to receive the quarterly schedule? For example: Printed copy placed in sacristy or email? _____

I am willing to be a lector at the following masses: (Circle your favorites).
Please note that you will be placed where there is the greatest need. Thanks.

- Sat 5:15pm _____
- Sun 7:00 am _____
- Sun 9:00 am _____
- Sun 11:00 am _____
- Sun 5:15 pm _____
- Tues 7:00 pm _____
- Holy Days _____

I am willing to be listed as a sub for Sat 5:15 _____ Sun 7:00 _____ Sun 9:00 _____
Sun 11:00 _____ Sun 5:15 _____ Tues 7:00pm ALL _____ None _____

I have completed a background check form. Yes No

I have completed and signed a ministry form. Yes No

I have completed a VIRTUS training session. Yes No

If yes, date: _____

Today's Date _____