



Episcopal Diocese of Rhode Island

Declaration of Intent

To assist in planning for individuals deserving to be licensed as a Eucharistic Visitor, we are asking that you register your intent prior to beginning your formational training.

Name: (Please print)

Address:

Home Phone: ()

Work Phone: ()

E-mail:

CHURCH HISTORY: (please print)

Baptism:

Church

City/State

Date:

Confirmation:

Church

City/State

Date:

Present Parish:

City/State

Date:

I understand the following training components are required for licensing as a Eucharistic Visitor:

- A) The Basic Training for Eucharistic Visitor's Course
- B) The Safe Church/Healthy Church Training
- C) Participation in training in my parish under the direction of my Rector/Vicar.
- D) Recommendation from my Rector/Vicar upon completion of this training.

Signature:

Date:

Signature of Rector or Vicar:

Date:

Please return this Declaration of Intent to: Liz Crawley
275 North Main Street
Providence, RI 02903

Note:

There is a \$10 fee for the Eucharistic Visitor Workshop and an \$10 fee for the Safe Church Workshop.