

APPLICATION  
SHRINE USHER MINISTRY  
BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION  
WASHINGTON DC

<b>First Name</b>	<b>Initial</b>	<b>Last Name</b>	
<b>Address</b>			
<b>Mobile Phone</b>	<b>Daytime Phone</b>	<b>Other Phone</b>	
<b>Email Address</b>			
<b>Date of Birth</b>	<b>Wife's Name</b>		
<b>Council Name</b>	<b>Number</b>	<b>Location</b>	<b>Member Number</b>

**Why do you wish to serve on the Shrine Usher Ministry**

---

---

---

---

Next to each selection, place the number from one to five to indicate your order of preference for the weeks you would be available to serve.

**Week One ( )      Week Two ( )      Week Three ( )      Week Four ( )      Week Five ( )**

Next to each selection, place the number from one to seven to indicate your order of preference for the Masses you would be available to serve.

**Saturday 5:15 ( )   Sunday 7:30 ( )   Sunday 9:00 ( )   Sunday 10:30 ( )   Sunday 12:00 ( )   Sunday 1:30 ( )   Sunday 4:30 ( )**

In addition to a regular assignment it is necessary that ushers serve at other times at special Masses. These could be scheduled on weekdays or weekends during the day or evening. Do you agree to serve at these Masses if required. \_\_\_\_\_.

Which languages do you speak and understand \_\_\_\_\_.

I certify that the applicant is a Knight in Good Standing in Council # \_\_\_\_\_

---

**Signature of Financial Secretary** **Date**

I recommend the applicant for service in the Shrine Usher Ministry

---

**Signature of Council Chaplain or Grand Knight** **Date**

---

**Signature of Applicant** **Date**

Send Application by mail or scan/email to:

Patrick B. McAleer  
Chairman, Shrine Usher Ministry  
302 Conundrum Court, Frederick, Maryland 21702  
pmckofc@gmail.com