

St. Catherine of Siena
CATHOLIC CHURCH

NEW ALTAR SERVER APPLICATION

Date: _____

Name: _____

Address: _____

Phone number: _____ E-mail: _____

Date of Birth: _____ Age: _____

Name of School: _____

Current Grade: _____

Mother's Name: _____

Father's Name: _____

Have you received your First Communion? (check one) Yes No

Have you been confirmed? (check one) Yes No

Please check the Mass times you are able to serve?

Saturday @ 4pm Sunday @ 7am Sunday @ 9am Sunday @ 11am Sunday @ 6pm

How often can you be scheduled to serve? Weekly Every other week

How long have you been a member of St. Catherine of Siena Parish? _____

Have you ever served as an Altar Server before (school, other parish)? _____

Why would you like to be an Altar Server? _____

Do you have any other comments, concerns or questions? _____

(Please return this form to the Altar Server Ministry Room)

St. Catherine of Siena
CATHOLIC CHURCH

PARENTAL PERMISSION

For Release and Use of Methods of Communication

Throughout the year, we do try to keep our Altar Servers up-to-date with meeting dates and/or calendar changes. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

____ Yes, I give _____ (my youth) permission to communicate through the use of his/her email address/text msg/cell phone with the Scheduler and Director of Altar Servers. I also give permission for the Scheduler and Director of Altar Servers to use this contact information to communicate with him/her. We understand that any addresses received through the parish Altar Server Ministry will only be used for parish ministry purposes.

____ No, I do not give _____ (my youth) permission to communicate through the use of his/her email Address/text msg/cell phone of my youth.

____ I, as parent/guardian, would like to receive an email update of all dates for meetings and/or calendar changes.
My email address is: _____

We may also publish, for the exclusive use of the Altar Server Ministry, a directory or contact information available for other Altar Servers to use in finding a substitute Altar Server.

____ Yes, I do give permission for the Scheduler and Director of Altar Servers to include my youth in their directory of Altar Servers for the year. This directory will only be published for the parish Altar Server's use. You have permission to list (*please check YES or NO for each item – if an item is not checked, it will not be listed*):

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | name |
| <input type="checkbox"/> | <input type="checkbox"/> | home address |
| <input type="checkbox"/> | <input type="checkbox"/> | home and cell phone number |
| <input type="checkbox"/> | <input type="checkbox"/> | day and month of their birthday (not year) |
| <input type="checkbox"/> | <input type="checkbox"/> | email address |
| <input type="checkbox"/> | <input type="checkbox"/> | photo |

____ No, I do not wish any of the above information to be listed in the Altar Server Directory.

Altar Server's Signature

Parent/Guardian Signature

Date

PHOTO RELEASE FORM

I, _____ the parent or legal guardian of

_____ grant permission from St. Catherine of Siena Catholic Church to photograph my son(s)/daughter(s), to be used for the sole purpose of a glass enclosed Altar Server picture wall cabinet.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Altar Server's Name: _____

Altar Server's Name: _____

Altar Server's Name: _____

Altar Server's Name: _____

Phone Number: _____

EMERGENCY MEDICAL RELEASE

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____

Street Address (number, Apartment #, Street)

City

State

Zip Code

Home Telephone _____ Cell Phone _____ Work Phone _____

Home Telephone _____ Cell Phone _____ Work Phone _____

Family Physician's Name/Health Care Resource: _____

Address: _____

Street Address (number, Apartment #, Street)

City

State

Zip Code

Telephone: _____

Hospital Preference: _____

Name

City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contract (if custodial parent/guardian cannot be reached): _____

Address: _____

Street Address (number, Apartment #, Street)

City

State

Zip Code

Home Telephone _____ Cell Phone _____ Work Phone _____

Please sign in the presence of a Notary

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time I cannot be reached.

(Child's full name)

I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____
(Month) (Day) (Year)

By _____, who is personally known to me or who has produced _____
_____ as identification.

Signed: _____
(Signature of Notary)