

Altar Server Data & Parental Consent

Name: _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone Number: () _____

E-mail: _____

Grade: _____ **School :** _____

Birthday: _____

Date trained (office use only): _____

What masses would you prefer to serve?

Please rank in order of preference (1-6), the first being your most preferred to the last being your least preferred (you may put N/A for choices that don't apply to you):

_____ 5:00 pm Saturday

_____ 7:00 pm Saturday (Polish)

_____ 7:30 am Sunday

_____ 9:00 am Sunday

_____ 11:00 am Sunday

_____ 1:00 pm Sunday (Polish)

over-->

Is there anything else you want us to know about you or your schedule?

I, _____, will accept the responsibility of being a St. Zachary Altar Server. I will attend my assigned masses and request a sub when I have a conflict. I will attend the required training and ask questions when I have them.

Server Signature

My child, _____, will accept the responsibility of being a St. Zachary Altar Server. I will support him/her in completing the training session and fulfilling their responsibilities for this Ministry.

Parent/Guardian Name

Parent/Guardian Signature