


# Altar Server Application Form

Saint Stephen Catholic Church, 10118 Saint Stephen Circle, Riverview, FL 33569



INITIAL TRAINING DATE

FIRST NAME	LAST NAME	M	F	AGE	GRADE
PARENTS' NAMES				PHONE NUMBER(S)	
MAILING ADDRESS				EMAIL ADDRESS	

Does either parent serve as an Extraordinary Minister of Holy Communion (EMHC)?	N	Y	If YES, please indicate name(s):		
Have you received First Communion?	N	Y			
Do you attend Saint Stephen Catholic School? 	N	Y	<b>NOTE:</b> If you attend Saint Stephen Catholic School, and have your parent/guardian's permission to do so, you will need to notify school officials of your willingness to serve at Weddings or Funerals during the school day, academic schedule permitting.		
Would you be willing to serve at:					
Weddings	N	Y	Funerals	N	Y

Mass Preferences				
(Please Mark '1' for first, and '2' for second preference)				
DAY	TIME	PREFERENCE (1 or 2)	DESCRIPTION	NOTES:
Saturday	4:30 PM**		Vigil Mass	<p>* The Mass where we need the most help is <b>Sunday 11:30 AM</b>. If possible, please consider signing on to serve at this Mass.</p> <p>** Please be aware that the <b>Saturday 4:30 PM</b> and <b>Sunday 5:30 PM</b> Masses are our most "popular" preferences for servers. Thus, if you mark any of these as your first choices, we may not be able to initially schedule you for these Masses; therefore, please consider the other Masses.</p>
Sunday	7:30 AM			
	9:30 AM			
	11:30 AM*			
	5:30 PM**		Life Teen Mass	

Allergies or Health Concerns?	N	Y	If yes, please list:	
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Emergency contact		Emergency Phone #	
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As the parent of \_\_\_\_\_ I hereby understand and agree that any photos or video taken at Training, Mass, or events pertaining to the Church may be used in Parish related media, publications and advertisements.

Printed Name	Signature	Date

OFFICE USE ONLY:	
<input type="checkbox"/>	Mass _____
<input type="checkbox"/>	Unavailability
<input type="checkbox"/>	Master
<input type="checkbox"/>	Email