

ST. LUKE CATHOLIC CHURCH

5605 Cloverly Ave. Temple City, CA 91780
Tel: (626) 291-5900 Fax: (626) 287-2332

ALTAR SERVER APPLICATION

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ E-mail: _____

School: _____ Current Grade: _____

Is the child baptized in the Catholic Church? yes _____ no _____

Has the child made his/her First Communion? yes _____ no _____

I want to be an Altar Server at St. Luke Church. I will attend the required training sessions and fulfill my duties as an Altar Server to the best of my ability. I have read and signed the "Altar Server Expectation" form and I am aware of the responsibility and commitment this ministry requires.

Child's signature: _____ Date: _____

I give my consent for my child to be trained as an Altar Server. I have discussed with my child the responsibility of serving at the altar. I will assure that my child attends the required training sessions. I will support my child's commitment to this ministry. I have and signed the "Altar Server Expectations" form.

Parent's signature: _____ Date: _____

Please return application to the PAC office, attn: Tiffany Desy
Questions? Please contact Tiffany Desy @ 626-818-5144 or
miss.desy.4@gmail.com

St. Luke Church Altar Server Expectations

I have read the expectations listed below, and agree to fulfill my Altar Server duties accordingly.

Parent signature: _____ Date: _____

Server's signature: _____ Date: _____

Please cut along the dotted line of this form and keep for your information. Return the top of this form to the PAC office attn: Altar Server Committee/Tiffany Desy.

Dear Altar Server,

Thank you for volunteering as an Altar Server at St. Luke Church. You play an important role during Mass, and we appreciate your time and effort.

Because your role is so important, there are certain responsibilities that go along with this position. We expect the following of our Altar Servers:

- Arrive at the sacristy at least 15 minutes prior to Mass
- Sign in on the Altar Server log:
 - Always sign your **FIRST AND LAST NAME.**
 - If you are a substitute for another (you agreed in advance to replace someone else) please write **SUB** and the name of the server you are replacing, after your name.
 - If you volunteer on the day of Mass because there are not enough servers, write **VOL** after your name.
- If you know that you will not be able to serve on your schedule day, **IT IS YOUR RESPONSIBILITY TO FIND A SUBSTITUTE. THIS INCLUDES 6:30 MASS.** Please refer to the Altar Server roster for names and phone numbers.
- Servers with 3 unexcused absences (without finding a sub or notifying the Altar Server Committee/Karen McCullah) will not be invited to the end of the year field trip,
- Reverent behavior during Mass
 - **NO TALKING**
 - Pay attention and follow Mass
 - **DO NOT LEAVE THE ALTAR;** unless it is an emergency.

If your address or phone number changes please notify the Altar Server Committee.

Altar Server

EMERGENCY / DISASTER RELEASE FORM

Name: _____ Home Phone: (____) _____

Home Address: _____

City: _____ Zip: _____

Father's Name: _____

Employer's Name: _____

Work Hours: _____ Work Phone: (____) _____ Cell: (____) _____

Mother's Name: _____

Employer's Name: _____

Work Hours: _____ Work Phone: (____) _____ Cell: (____) _____

List 4 Adults (other than parents) you authorize to pick up child in case of emergency/illness:

Name: _____ Phone: (____) _____ Relation: _____

Name: _____ Phone: (____) _____ Relation: _____

Name: _____ Phone: (____) _____ Relation: _____

Name: _____ Phone: (____) _____ Relation: _____

Please list any chronic condition or illness: (i.e. allergies, epilepsy, special needs, disabilities, or none if no condition/medication)

Student name _____ condition/medication _____

CONSENT TO TREATMENT: I hereby give permission to have my child treated with minor first aid and or by the Paramedics as the need arises.

Parent/Guardian Signature _____ Date _____