

# ST. PATRICK CHURCH

## ALTAR BOY APPLICATION FORM

Please fill out a separate form **for each child**.  
It is not possible to schedule servers without the information form.

For returning servers:  
**Due September 30<sup>th</sup>**

For all *new* servers:  
**Due October 1<sup>st</sup>**

### ALTAR BOY INFORMATION

1. Last Name:		2. First Name:		6. New or Returning Server? <input type="checkbox"/> NEW	
3. Age:		4. Grade:		6. Returning Server? <input type="checkbox"/> RETURNING	
5. Height:				8. Cassock Size: (if known)	
7. Name of School:				10. Is server/sibling enrolled in CCD (or is parent teaching CCD) at St. Patrick's? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. School Type: <input type="checkbox"/> Home School <input type="checkbox"/> Catholic Private		<input type="checkbox"/> Online School <input type="checkbox"/> Private (non-Catholic)		<input type="checkbox"/> Public	
11. If answer to #10 is <b>yes</b> and server/sibling <b>won't</b> be receiving Confirmation this year: Can you still serve the Sunday 10:30 Mass occasionally (once every two months or so)? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO					
12. If answer to #10 is <b>no</b> : Can you serve the Sunday 10:30 Mass on a frequent basis? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO					

### PARENT CONTACT INFORMATION

13. Parent Name(s):		14. Is either parent a CCD teacher at St. Patrick's? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Parent Phone:		16. Parent Email(s):	
17. Home Address:			
18. Emergency Contact Name:		19. Emergency Contact Phone:	

### CONTACT LIST INFORMATION

(This info is made available to all server families so they can call/email to arrange substitutes.)

20. Telephone to list on the Contact List:	21. Email to list on the Contact List:
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### SCHEDULING PREFERENCES

<p><b>22. SUNDAY MASS</b></p> <p><b>REQUIRED:</b> Check <b>2 or more</b> if answer to #12 was <b>no</b> or <b>n/a</b>. Check <b>1 or more</b> if answer to #12 was <b>yes</b>.</p> <p>I'm available to serve at the following Masses:</p> <p><input type="checkbox"/> 5PM Saturday: <i>servers greatly needed</i></p> <p><input type="checkbox"/> 7AM Sunday: <i>head servers greatly needed</i></p> <p><input type="checkbox"/> 9AM Sunday: <i>very popular; serving opportunities very limited</i></p> <p><input type="checkbox"/> 12 NOON Sunday: <i>popular; serving opportunities limited</i></p> <p><b>Note:</b> All servers may <i>occasionally</i> be scheduled for the 5pm Mass, even if they haven't marked themselves available for it. Those who mark "available" for the 5pm or 7am Mass will <i>not</i> be locked into the 5pm or 7am exclusively; they will <i>also</i> get to serve any other Mass times for which they mark themselves available.</p>	<p><b>23. DAILY MASS</b></p> <p><b>OPTIONAL:</b> Check any or none.</p> <p>I'm willing to serve daily Mass:</p> <p><input type="checkbox"/> once a week, <input type="checkbox"/> once every 2 weeks, or <input type="checkbox"/> once a month.</p> <p>I'm available to serve daily Mass at the following times:</p> <table border="0"> <tr> <td><input type="checkbox"/> Monday 7AM</td> <td><input type="checkbox"/> Monday 11:45AM</td> </tr> <tr> <td><input type="checkbox"/> Tuesday 7AM</td> <td><input type="checkbox"/> Tuesday 11:45AM</td> </tr> <tr> <td><input type="checkbox"/> Wednesday 7AM</td> <td><input type="checkbox"/> Wednesday 11:45AM</td> </tr> <tr> <td><input type="checkbox"/> Thursday 7AM</td> <td><input type="checkbox"/> Thursday 11:45AM</td> </tr> <tr> <td><input type="checkbox"/> Friday 7AM</td> <td><input type="checkbox"/> Friday 11:45AM</td> </tr> <tr> <td><input type="checkbox"/> Saturday 7AM</td> <td><input type="checkbox"/> Saturday 11:45AM</td> </tr> </table>	<input type="checkbox"/> Monday 7AM	<input type="checkbox"/> Monday 11:45AM	<input type="checkbox"/> Tuesday 7AM	<input type="checkbox"/> Tuesday 11:45AM	<input type="checkbox"/> Wednesday 7AM	<input type="checkbox"/> Wednesday 11:45AM	<input type="checkbox"/> Thursday 7AM	<input type="checkbox"/> Thursday 11:45AM	<input type="checkbox"/> Friday 7AM	<input type="checkbox"/> Friday 11:45AM	<input type="checkbox"/> Saturday 7AM	<input type="checkbox"/> Saturday 11:45AM
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24. Are you interested in Serving <b>Weddings</b> ? (Weddings are typically on <b>Saturdays</b> or occasionally on <b>Friday</b> evenings. Servers receive a \$20 stipend.) <input type="checkbox"/> YES <input type="checkbox"/> NO													
25. Are you interested in Serving <b>Baptisms</b> ? (Baptisms are always after the Sunday 12 noon Mass. There are no server stipends for baptisms.) <input type="checkbox"/> YES <input type="checkbox"/> NO													

**PLEASE NOTE ANY SPECIAL CIRCUMSTANCES OR REQUESTS HERE:**

Please turn form over and complete the release for the Diocese of Columbus.

**COLUMBUS DIOCESAN OFFICE OF YOUTH AND YOUNG ADULT MINISTRY  
REGISTRATION FORM**

*Please Print Clearly and Return to Parish Office.*

Name of Participant \_\_\_\_\_  
Contact Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Medications \_\_\_\_\_  
Chronic Conditions (Allergies, Diabetes, etc.) \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_  
Member's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of Youth Minister Altar Boy Director: Fr. Charles Shonk, O.P.

**RELEASE AND INDEMNIFICATION AGREEMENT**

Name of Activity Altar server training sessions, serving at Mass, and serving at other liturgical events (e.g., Weddings, Baptisms, Exposition/Benediction, etc.)  
Location St. Patrick Church, Columbus, OH  
Date(s) of Activity Various training dates throughout the year. Serving at Mass and other liturgies on Sundays and weekdays from September 2017–Nov 2018.

- A. As the above-named participant, I hereby register for and commit to attend these activities. I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.
- C. The undersigned release from all liability, and indemnify and hold harmless St. Patrick Church, the Diocese of Columbus, the Dominican Province of St. Joseph, and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

**CODE OF BEHAVIOR**

- 1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
- 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- 3. Foul language is not tolerated.
- 4. Participants must heed any and all directions of activity staff.
- 5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
- 6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.
- 7. Failure to abide by this Code of Behavior may also result in dismissal from the Altar Server Program at St. Patrick's at discretion of the Altar Boy Director and/or Pastor.

**PERMISSION TO CONTACT**

As a parent or guardian of the above-named participant, I grant permission to the Altar Boy Director and also to the Pastor of St. Patrick Church to contact my child by mail, telephone, email, text message, or other electronic means in regards to the above-named activities and any other matter related to the Altar Boy program at St. Patrick Church.

*I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning, that I give permission for my child to attend the designated event, and that my child's medical information form is accurate.*

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_