

OUR LADY OF THE LAKES CATHOLIC CHURCH-RELIGIOUS EDUCATION

ALTAR SERVER VOLUNTEER APPLICATION

YEAR: _____

NAME _____ DOB _____ PHONE: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

SACRAMENTAL HISTORY: [] BAPTISM [] FIRST COMMUNION [] CONFIRMATION

NAME OF SCHOOL: _____

GRADE: _____ TEACHER'S NAME: _____

Please Select MASS preferred	
<input type="checkbox"/> SATURDAY 5:00PM	<input type="checkbox"/> SUNDAY 8:00AM
<input type="checkbox"/> SUNDAY 9:30AM	<input type="checkbox"/> SUNDAY 11AM
<input type="checkbox"/> SUNDAY 12:45PM	
<input type="checkbox"/> SUNDAY 5:30PM	
<input type="checkbox"/> SUNDAY 7:00PM	

PARENT /LEGAL GUARDIAN

Name: _____

Address: _____ Phone: _____

Email: _____

Are you serving as: [] EM [] LECTOR [] USHER [] CHOIR

EMERGENCY CONTACT:

Name: _____

Phone: _____ RELATIONSHIP: _____

I, hereby, release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the local parish, the Archdiocese of Miami and employees and volunteers thereof.

- I understand that my son/daughter is entitled to finish his/her service or his/her service might be ceased at any time.
- I consent that my son/daughter has opportunity to accumulate his/her volunteer hours for confirmation or graduation purpose.

By signing this application, I affirm that the information I have given is true and complete.

STUDENT APPLICANT SIGNATURE

DATE

PARENT SIGNATURE

Interviewed by: _____ Date: _____

OUR POLICY: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in becoming part of Our Lady of the Lakes Volunteering family!

REVISED 11-6-18