## St. Joan of Arc Parish Altar Server Commitment 2015-2016

| Altar Server's Name:                                      |  |   |                                       |   |          |
|---|--|---|---------------------------------------|---|----------|
| Last  |  | First   |                                       | MI  |          |
| Home Address:   |  |   |                                       |   |          |
| Street  |  | City  |                                       | Zip   |          |
| School:   |  |   | Grade: _                              |   |          |
| I am currently trained as ar                              | n Altar Server: Yes  |   | No                                    |   |          |
| My Mass Preference is:                                    | Saturday 4:30  | Sunday 8:30   | 10:30                                 | (Please circle one)   |          |
| My Second Preference is:                                  | Saturday 4:30  | Sunday 8:30   | 10:30                                 | (Please circle one)   |          |
| understand that by signin ministry. I agree to atte       | g this form that I a<br>end all required tra<br>iss is very important f  | m committed to<br>ining sessions fo                           | doing m<br>r Altar S                  | Server at St. Joan of Arc Parish.<br>y very best in this most importa<br>Servers. I also agree that regul<br>arrive promptly, dress properly, a                             | nt<br>ar |
| Altar Server's Signature                                  |  |   | Date                                  |   |          |
|   | PAR  | ENT COMMITMEN   | <u>IT</u>                             |   |          |
| the Ministry of Altar Serve<br>this ministry depend heavi | er. I also understand<br>Iy on my support. I a<br>I also agree that cont | that his/her abilit<br>agree to take resp<br>inued growth and | ty to fulf<br>oonsibility<br>formatio | at he/she has requested to serve<br>ill the commitments associated wi<br>y that he/she is able to serve on t<br>on in the Catholic Faith is essential<br>ce at Sunday Mass. | th<br>he |

Parent/Guardian Signature

Date

Parent Contact Information for receiving schedules and substitute requests: (Please print clearly)

| Email:   | Home Phone:                   |    |
|--|-------------------------------|----|
| I give permission to include this information on a Conta | ict List for all servers: Yes | No |

Please read and complete the photo release on next page.

Please return completed form to the School Office or Parish Rectory.

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## PHOTO/VIDEO PERMISSION FORM:

On occasion, St. Joan of Arc Parish may use photos, videos and/or classroom art or written work of students in parish publications to share information about the parish. Publications include, but are not limited to: the website, parish bulletins, annual reports, newsletters, posters, advertisements and other public relations material. In addition, local news organizations may hear of our activities or events, and our parish may invite or allow them to photograph or record our events. Names of students will NOT be released.

Please check the appropriate option and sign below:

Student Name: \_\_\_\_\_

Last

First

MI

\_\_\_\_\_My child's photo, video or classroom work may be published in any format including group or individual photos.

\_\_\_\_\_My child's photo, video or classroom work may **NOT** be published in any format including group or individual photos.

| Parent/Guardian Signature: | Date |
|----------------------------|------|
|----------------------------|------|