Altar Server Ministry

Participant Application Form (Confidential)

for use in the **Parish of _____** for the **Diocese of Waterford & Lismore**

Name: _____

Address: _____

_____

_____

_____

I wish to apply for membership of the parish altar server ministry group

Telephone Contact Number(s):_____ Date of Birth:_____

I understand that becoming an altar server is a very important way of helping my parish community and I accept that I must follow the rules as have been explained to me. I understand that if I fail to do this my participation may be withdrawn.

Signed: _____ Date: _____

Medical Note: If the young person in your care requires medical care, suffers specific allergies or requires certain dietary requirements please state so here: