

# Saint Gabriels Roman Catholic Church

## 26 Grant Circle, N.W. Washington, D.C. 20011

### ALTAR SERVER APPLICANT INFORMATION

Name:

Parent(s) Name:

Address:

City:

State:

Zip code:

Phone:

Cell:

Email:

Date of Birth:

Grade:

School:

How long have you been a member of St Gabriel parish?

Which Sacraments have you received:

Baptism

Penance

Holy Eucharist

Confirmation

Other

Have you ever serve as an altar server before in this parish?

In another parish?                      If yes, please provide the parish name.

Do you participate in any extra-curricular activities (example, sports, band, scouts, youth group):

If yes, please list the activities:

Why do you want to be an altar server:

Please indicate which Mass you would prefer to serve at:

Saturday evening:

5:30 pm

Sunday:

7:30 am

11:00 am

9:00 am (Spanish)

6:00 pm (Spanish)

### SIGNATURES

**\*\*By signing this, I am committing to seeing that my child attend all practices and their scheduled Masses. I will work with my child on the procedures for altar servers, and talk with them on their behavior in Church and on the altar**

Signature of applicant:

Date:

Signature of Parent/Guardian

Date:

**Applications can be returned to the Church sacristy or sent to [jabarnes1014@gmail.com](mailto:jabarnes1014@gmail.com)**