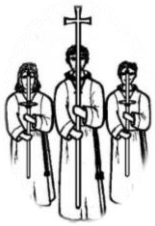

Altar Server Application Form

Saint Stephen Catholic Church, 10118 Saint Stephen Circle, Riverview, FL 33569

INITIAL TRAINING DATE

PLEASE PRINT LEGIBLY TO FACILITATE ACCURATE INFORMATION TRANSFER INTO MINISTRY SCHEDULING PROGRAM

FIRST NAME	(IF APPLICABLE-IF NONE LEAVE BLANK) NICKNAME/PREFERRED	LAST NAME	M	F	AGE	GRADE (Minimum 5th Grade)

PARENTS' NAMES	CONTACT CELL PHONE NUMBER
MAILING ADDRESS	**CONTACT EMAIL ADDRESS**

Does either parent serve as an Extraordinary Minister of Holy Communion (EMHC), Lector, or Sacristan?	Y	N	If YES, please indicate name(s):	
Have you received First Communion?	Y	N	**NOTES**	
Do you attend Saint Stephen Catholic School?	Y	N	*If you attend St. Stephen Catholic School, you should also notify school officials of your willingness to serve at weddings or funerals during the school day*	
Would you be willing to serve at:				
Weddings Y N	Funerals	Y N		

MASS PREFERENCES

(Please Mark '1' for first, and '2' for second preference)

DAY	TIME	PREFERENCE (1 or 2)	DESCRIPTION
SATURDAY	4:30 PM*		Vigil Mass
SUNDAY	7:30 AM		
	9:30 AM		
	11:30 AM*		
	4:30 PM		Life Teen Mass

NOTES:

* Currently, the Masses where we need most help are the **SATURDAY 4:30 PM & SUNDAY 11:30 AM MASSES**

If at all possible, please consider signing on to serve at these Masses.

Allergies or Health Concerns?	Y	N	If yes, please list:	

Emergency contact		Emergency Phone #	

As the parent of _____ I hereby understand and agree that any photos or video taken at Training, Mass, or events pertaining to the Church may be used in Parish related media, publications, and advertisements.

Printed Name	Signature	Date

(IF APPLICABLE) NEW APPLICANT'S ALTAR SERVER RECOMMENDER/SPONSOR/MENTOR (PRINT NAME)

Ministry Coordinator Admin Only		
MSP	DATE/TIME	INITIAL

For Questions or Additional Information Please Contact:
Mr. Julio Alvarez, 813-401-7683, altarserverinfo.ss@gmail.com

August 10, 2025