



**St. Francis of Assisi Church
47-225 Washington St.
La Quinta, CA 92253**

ALTAR SERVER APPLICATION

NEW

DATE _____

NAME _____ PHONE NO. _____

PARENTS NAME _____

ADDRESS _____

Street /City/ ZIP Code

DATE OF BIRTH _____ EMAIL _____

WHICH MASS DO YOU USUALLY ATTEND? _____

CAN YOU SERVE AT OTHER MASSES IF NEEDED? YES NO

IF YES, WHICH MASS(ES)?

4:30 P.M. SATURDAY

7:30 A.M.

9:15 A.M.

11:00 A.M.

12:30 P.M. (Spanish)

5:00 P.M.

6:45 P.M.(Vietnamese)

AGE _____ GRADE _____

HOW OFTEN CAN YOU SERVE? Every Week if Needed Every other Week

Once a month As my schedule permits

SERVED IN ANOTHER PARISH? NAME OF CHURCH _____

EMERGENCY CONTACTS _____
(Name) (Phone)

(Name) (Phone)

SIGNATURE OF PARENT _____

Please return this completed form to the Parish Office.