

Altar Servers Application Form

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Data protection

This form will be held on file, in accordance with the data protection policy of the Diocese of Kildare and Leighlin. The data entered will be used only for the purpose indicated on the form. It may only be accessed by those with responsibility for managing records or group activities.

Group details (to be completed by organiser)

Name of Parish: Naas, Sallins and Two Mile House

Details of the child/young person

Name of young person: _____

Address: _____

Gender: (circle as appropriate) **Male** **Female**

School attending: _____ Class: _____

Home Tel. Number: _____

Parents/Guardians Mobile Number: _____

- 1. Has your child been Baptised? Yes - _____. No - _____
- 2. Has your Child celebrated First Holy Communion? Yes - _____ No _____
- 3. Does your child have permission to walk home alone from the Church? Yes _____. No _____
- 4. Please mention any medical conditions, special needs or dietary requirements

(Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures).

Other relevant information

Altar servers make a commitment to assist at Sunday Mass, Funerals and other liturgies as required during the year.

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Child's/young person's consent

1. I would like to be an Altar Server in my Church.
2. I understand that videos (which may include webcam) may be taken during the group activities: weddings, Communion and Confirmation celebrations,

Signed: _____

(Child/young person)

Parent/Guardian's Consent

1. We/I are willing to allow our child to serve Mass and other Liturgies, and to leave school under conditions agreed with the school for ceremonies when necessary.
2. We/I understand that videos (which may include webcam) may be taken during Mass (Weddings, Communions and Confirmations etc).
3. We/I will notify the Sacristan should our/my child be unable to attend and serve at the liturgy.
4. We/I understand that I/we may be contacted should our/my child be needed as substitute in cases of emergency.
5. In the event of illness or an accident, I give permission for medical treatment to be administered to my child, where considered necessary, by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency be contacted at the telephone numbers provided on the previous page:
6. I have read, understand and agree to the details in this form.

Signed: _____

(Parent/Guardian)

Name (block letters) _____

(Parent/Guardian)

Date: _____

Contact Number: _____

Please Note:

Any concern regarding the welfare and safety of an Altar Server should be brought immediately to the attention of the Diocesan Designated Liaison Officer at 0858021633 or dlp@safeguarding.ie

The Sacristan is: Michael Eustace

Other Adult leaders who will be involved are:

1. Name: Hilda Campbell
2. Name: Michal Mizgala
3. Name: Sarah Kearns_

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