

Glenmary Group Volunteer Program Adult Volunteer Publicity Form

Volunteer's Name _____ M ___ F ___ Volunteer Week _____

E-Mail Address _____

P.O. Box/Street Address _____ City _____ State _____

Zip _____ Phone Number _____

Email Address _____

Home Parish (name, city, state)

Diocese/ Diocesan Newspaper

Hometown/Comm. Newspaper

I **do not** object to Glenmary using my name or image to publicize -electronically or in print-its volunteer programs. I understand that the picture taken of their group will be posted on the Glenmary Home Missioner's Web site (www.glenmary.org) and may be submitted to local newspapers.

I do object to Glenmary using my name or image to publicize its volunteer programs. I will voluntarily remove myself from the group photo taken by Glenmary.

Type of volunteer work that interests you

Any physical limitations

Are there any medical issues Glenmary should be aware of
