

CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH LARGE GROUP AFFILIATED VOLUNTEER SIGN IN SHEET

Event Name / Location _____ Date: ____

Group Leader Cell Phone:			
Group Leader Email Address:			
Group Leader Emergency Contact:		Phone:	
Group Leader has Emergency Conta	ct information for	r <u>ALL</u> members of this group: Yes	No
Media Release			
websites, social media, and printed materia	als. The photograph i	e Catholic Charities or Diocese of Raleigh media is protected by a copyright notice when publish any other way. I grant permission without cor	hed. My first name
Volunteer Name	Volunteer Hours	Signature for Media Release (Must be 18+)	Mark an "x" if you prefer not to have your photo taken or are under 18.
Group Leader Name:			various or are dispersion