Information Consent Form for Casual Adorers

I _____ hereby give permission for St. Alfred Catholic Church to share my personal information being my name and phone number only, with other Parishioners Adorers who cannot attend and require someone to replace them so that the Monstrance is not left unattended.

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact our office Monday to Friday 9 a.m. to 4:30 p.m. at **905-934-9703** or by email at office@stalfredcatholicchurch.ca

Name: _____

Phone number/s best to be reached at: Home: _____ Cell: _____

Signature: _____ Date: _____

Please indicate which days and times you may occasionally be available for by circling AM(9:00-noon) or PM(Noon-4:00)

MON		TUES		WED		THURS		FRI		SAT	
AM	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**