

Good Samaritan Ministry

Good Samaritan Ministry Enrollment Form

Thank you for joining our Good Samaritan Ministry. Our goal is to engage our community and to join together as followers of Christ by loving our neighbor. Working with Feeding American of West Michigan and the community, we aim to provide basic living essentials to families that have been stricken by poverty. Please complete the information below to start your mission of being the hands of Christ to those in need.

Date:	
Your Name:	Adult 🗖 Student, Grade:
Address:	Zip:
Participant Phone:	Call only 🗖 Text Only 🗖 Call or Tex
Participant Email:	
Parent Name (if under 18):	Parent Phone:
Parent Email:	
If participant is under the age of 18 please complete this box. I hereby consent to participation by my child listed above to participate in the Michigan. I understand that my child will be under the supervision of the design this ministry. I agree to indemnify and hold harmless and defend the Catholic E and all affiliated organizations, their employees, agents, and representatives, including negligence, arising from or relating to my child's participation in the agreement does not apply to claims for intentional misconduct.	nated parish/ school employee/volunteer while participating in Diocese of Grand Rapids and St. Joseph Parish- Pewamo, MI, any cluding volunteer and other drivers, from any and all claims,
Signed:	Dated:
nhereby give permission for the person photograph, videotape and/or voice-tape myself, and/or my child/che the purposes of (please check the items you will allow): 1 do not give permission In-School/Parish Purposes use only Public information for promotion of Diocesan, School, or Parish p Catholic Diocese of Grand Rapids website St. Joseph Parish-Pewamo website and/or Facebook	uildren (or allow area news reports to do the same for
Participant Signature:	Date:
Parent/Guardian Signature: (for those under 18 years)	Date: