



Authorization To Send Messages

NAME (Please Print): _____

Text Messages

By signing this form, I authorize Diakon Lutheran Social Ministries (DLSM) to send text messages to my cell phone to alert me of available scheduling opportunities and other schedule related messages. I understand that standard text messaging, data and phone rates may apply to any messages received from DLSM and that DLSM is not responsible for payment of those fees. I understand that I may remove this permission in writing at any time. I further agree that in the event my cell phone number changes, I will inform my supervisor accordingly.

I accept and DO want to receive text messages. (Please confirm cell phone number and sign and date below.)

I decline and DO NOT want to receive text messages. (Please sign and date below.)

Cell Phone #: _____

Is this your primary phone? YES NO

E-mail Messages

By signing this form, I authorize Diakon Lutheran Social Ministries (DLSM) to send e-mails to alert me of available scheduling opportunities and other schedule related messages. I understand that I may remove this permission in writing at any time. I further agree that in the event my e-mail address changes, I will inform my supervisor accordingly.

I accept and DO want to receive e-mails. (Please confirm e-mail address and sign and date below.)

I decline and DO NOT want to receive e-mails. (Please sign and date below.)

E-mail Address: _____

Is this your primary e-mail? YES NO

Employee Signature: _____

Date: _____