

15089 Newburgh Rd. Livonia, Michigan 48154 (734) 464-1222 fax (734) 464-7582 parishoffice@stedith.org www.stedith.org

Dear Parent or Guardian,

We are grateful your son/daughter is currently involved, or plans to be involved, in a service role as an employee or volunteer within the parish or larger community. We are committed to equipping your teen with the skills needed to ensure their safety and the safety of those they serve. To do so, we ask your teen(s) to participate in the **Called to Serve** workshop. We are offering the workshop here at St. Edith on Saturday, February 3, 2018, from 9:00am-noon in the A/V Room.

We would appreciate pre-registration before the event workshop date. Email completed/signed permission slip to religiouseducation@stedith.org or call 734-464-2020, Please see the permission slip below.

This 3 hour workshop invites teens to explore the many dimensions of safety needed as employees and volunteers in parishes and schools as well as the greater community. This workshop focuses on and enhances the teen skills in:

- Working with and role modeling for children
- Communicating and working with adults
- Interacting appropriately with peers
- Recognizing and responding to inappropriate behaviors

Called to Serve inspires and empowers them to live their baptismal "call to serve".

Archdiocesan policy requires all teens (grades 9-12) who work or volunteer in any capacity with children to participate in this workshop. Your teen(s) need a signed permission slip to participate. <u>A condition of your teen's employment or volunteer ministry with children is participation in **Called to Serve**.</u>

Please sign, date and return the permission slip below.

Thank you for supporting your teen's contribution to serving others!

| My son/daughter, | has my permission to participate |
|--------------------------------------|---|
| Print name of pa | rticipant |
| in the Called to Serve workshop at S | St. Edith Church on Saturday, February 3, 2018, 9:00am-noon |
| Participant Age Participan | nt Parish Name |
| Parent/Guardian Signature | Date |
| | |

Emergency Telephone Number(s)