

SILENT ROCK WORKFORCE

SMS & MMS Communication Consent Form

By engaging Silent Rock Workforce for pharmacy workforce services, you acknowledge that our team may communicate with you via SMS and MMS messaging for business operational purposes. Please review and indicate your communication preferences below.

SMS COMMUNICATION PREFERENCES

- I consent to receive SMS messages from Silent Rock Workforce for **business operational communications**, including scheduling, coverage coordination, and workforce updates.
- I consent to receive SMS messages from Silent Rock Workforce regarding **pharmacy workforce placement opportunities**, including new openings and follow-up communications.

Consent is not a condition of service. Message and data rates may apply. Message frequency varies. Reply STOP to any message to opt out at any time. Reply HELP for assistance. Silent Rock Workforce does not sell or share your phone number or SMS data with third parties for marketing purposes. View our Privacy Policy at silentrockworkforce.com.

CONTACT INFORMATION & SIGNATURE

Full Name: _____

Organization / Employer: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____