

# Volunteer Media Consent Form

## Volunteer Information

Full Name

Address

Phone

Email

## Consent & Release

I hereby grant permission to the nonprofit organization to photograph, record, and/or videotape my image, likeness, and/or voice. I understand that these may be used in print publications, online publications, presentations, websites, and social media. I waive any right to inspect or approve the finished product where my likeness appears and waive any rights to compensation.

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Signature of Volunteer

Date

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If under 18, Signature of Parent/Guardian

Date