

Volunteer Media Release Consent Form

Name of Volunteer:

Email:

Phone:

Consent

☐ I authorize [Nonprofit Organization Name] to use my photograph, video, audio recording, and/or written or recorded statements for promotional and educational purposes in print, online, and other media formats.

☐ I understand that I will not receive compensation for the use of such media and that my participation is voluntary. ☐ I understand that this consent is ongoing unless revoked by me in writing.

Additional Comments or Restrictions:

Signature of Volunteer:

Date:

If under 18, Signature of Parent/Guardian:

Date: