

Volunteer Photo Release Consent Form

Volunteer Information

Full Name

Address

Phone

Email

Consent Agreement

I hereby grant permission to the organization to use photographs and/or video of me for promotional, educational, and other lawful purposes related to the organization's mission. I understand that these images may be used in publications, online, or in other media.

Signature

Date

For Volunteers Under 18

Parent/Guardian Name

Parent/Guardian Signature

Date