

Volunteer Emergency Contact and Photo Release Form

Please complete this form for our records. This printed document will be kept on file for emergency and administrative purposes.

1. Volunteer Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Street Address:

City, State, Zip:

2. Emergency Contact Information

Primary Contact Name:

Relationship to Volunteer:

Primary Phone Number:

Alternative Phone Number:

3. Photo and Media Release

I hereby grant permission to the organization to use my photograph, video, or other media likeness in official promotional materials, website content, newsletters, and social media platforms. I understand that these materials will be used in a professional manner to promote volunteer activities.

Please indicate your consent (Type YES or NO):

I agree to the photo release terms:

4. Acknowledgment and Signature

By signing below, I certify that all information provided on this form is true and correct, and I acknowledge my choice regarding the photo release above.

Volunteer Signature:

Parent/Guardian Signature (if under 18):

Date: