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| **Name:** Click or tap here to enter text.  **Volunteer Role:** Click or tap here to enter text.  **I give permission for <organisation> to:** | | | |
|  | Take and use my photo and video for their websites, newsletters, social media, or other material. | | |
|  | Use my photo or video to share with the media and other organisations for promotional purposes. | | |
| *Select one*: | | | |
| Use my full name | | Use my First Name | |
| Use My Initials | | Change my name | |
| Signed: Click or tap here to enter text. | | | Date:Click or tap to enter a date. |