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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. |