



# SALT LAKE COUNTY VOLUNTEER SERVICES MEDIA CONSENT

I hereby grant permission to the Salt Lake County Volunteer Services to use my:  
♦ Photograph ♦ Videotaped Image ♦ Quotes/Comments ♦ Voice ♦ Name  
for publicity and educational purposes in any and all publications and media without limit or  
reservation and to disclose my identity as a volunteer of Salt Lake County.

Full Name (Please print) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you are a legal guardian signing for a minor, please complete this form with your name and print the  
minor's name and your relation here:

Minor's Full Name: \_\_\_\_\_ Relation \_\_\_\_\_

\*Keep copy on file in clinic files

\*Provide copy to client

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