



# 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

\*Provide copy to volunteer