SJ ASP

Social Media Permission Form

Volunteer’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Please indicate below if you give permission for your child’s image/ voice to appear on social media representing SJ ASP.

Please indicate that you give permission for photographic images and video or audio records to be made during the volunteer’s participation with Appalachia Service Project. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document volunteer participation and instruction in ASP programs, solely for the purpose of participation and education. ASP will not identify by name any minors in either print or web-based images.

\_\_\_\_\_\_\_\_ I give permission for my child’s image/voice to appear on social media, representing SJ ASP.

\_\_\_\_\_\_\_\_\_ I do not give permission for my child’s image/ voice to appear on social media, representing SJ ASP.

Volunteer’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_