

CONSENT FORM

Submit a **CONSENT FORM** for each person in your film with your **SUBMISSION FORM**



Name of person in film

Over 18 years old?

YES

NO*

*STOP. Please complete a U18 Parent/Guardian Declaration

Name of volunteer group / activity / organisation

I give my consent for my image to be used in the film and screened during National Volunteer Week to a live audience and shared online to promote volunteering and life in Break O'Day. *Please tick if you consent.*

What things do you do when you volunteer?

What do you enjoy most about volunteering or why do you volunteer?

Tell us about your involvement in the film. Did you enjoy the experience?

Please tick all you agree with. Cross out [name] if do not you wish to be identified with your responses.

I give my consent for my [name] and responses above to be included in Break O'Day Council's evaluation.

I give my consent for my [name] and responses above to be included in Break O'Day Council's promotion of National Volunteer Week and the film online and in the media into the future.

I give my consent for Break O'Day Council to include my name in a display of 'Boardwalk Volunteer Stars of Break O'Day' to be displayed at the film screening. *Please say yes it will be great!*

Date

Signed

Phone number

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