

Catholic Charities of Central Florida, Inc.

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CONSENT FOR PARTICIPATION IN PROMOTIONAL ACTIVITIES

I consent to be identified as a volunteer of Catholic Charities for the purpose of promoting the Agency and its activities.

I understand that I may be photographed or videotaped for use by the Agency or its designee.

I understand that I may be interviewed and that the interview and/or pictures/video may be made public through any medium.

I understand that Catholic Charities has no control over the dissemination of any information once the information has been made public.

My participation is voluntary.

I also understand that no further claim of any kind will be made by me.

Signature

Date

Printed name

Agency Representative

Vol-111 01/11

