



## 2025-2026 Illinois AmeriCorps Media Consent Form

\_\_\_\_\_  
Name of Media Subject

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

☐ I, the undersigned, authorize \_\_\_\_\_, its officers, agents, and employees or other authorized representatives to use my image in magazines, newspapers, periodicals, radio, television, educational media, and other news to use and publish (including publication on the World Wide Web) such information and/or photographs or videotape together with such identification as may be reasonable for the purpose of publicity or communications.

☐ I authorize Serve Illinois, its officers, agents, and employees or other authorized representatives of magazines, newspapers, periodicals, radio, television, educational media, and other news to use and publish (including publication on the World Wide Web) such information and/or photographs or videotape together with such identification as may be reasonable for the purpose of publicity or communications.

☐ I do not consent to being featured in media.

\_\_\_\_\_  
Signature of Media Subject (if under 18, a parent/guardian signature is required)

\_\_\_\_\_  
Printed Name of Media Subject

\_\_\_\_\_  
Date

**\*\*REQUIRED TO BE COMPLETED BY ALL MEMBERS\*\***