

## Interview / Story Consent Form

### About Our Organization

Children's Law Center has been fighting for 25 years to ensure every child in the District of Columbia can grow up with a stable family, good health and a quality education.

### Your Rights

**1. Taking part in this interview, picture, or video is voluntary.**

Your participation is completely up to you. You do not have to agree to do an interview or let us take pictures or video of you. Your decision (yes or no) will not affect any current or future services you receive from Children's Law Center.

**2. You have the right to stop the interview, picture, or film making at any time.**

During the interview or while we are taking pictures or video, you can ask us to stop. You do not need to give us a reason for stopping.

**3. You have the right to take back your authorization.**

To take back your permission, please write to *Kat Lugo*, [klugo@childrenslawcenter.org](mailto:klugo@childrenslawcenter.org) or call (202) 467-4900 and ask for the Communications Director.

### About this Project

We are asking you to let us interview you and share your story in our materials. During the interview, you may share personal information. This interview is not part of the services you receive with Children's Law Center, and we ask your permission to use and disclose the information you share for other purposes, primarily to raise awareness and support for the importance of informing people about the specific challenges DC children and families face – and help inspire everyone to understand that together we can make a difference in children's lives.

As part of the interview, we will:

- Take pictures of you
- Audio record your voice
- Video record you

### How Can Your Story Be Shared?

1. For what purposes are you comfortable with your story being shared? (Check all that apply)

- Fundraising: to raise money to fund our organization's services.
- Outreach: to help other people learn about and connect with our services.
- Policy Advocacy: to advocate for laws and policies that impact the children and families we work with.

2. In what places are you comfortable sharing this story? (Check all that apply)

- Print materials (e.g mailings)
- Online materials (e.g website, emails)
- Social media (e.g. Facebook, Twitter, LinkedIn)

3. Can we use your name? (circle one)

YES      or      NO

4. Can we use the name of your child/children? (circle one)

YES      or      NO      or      N/A

5. If no to questions 3 and/or 4, what pseudonym would you like to use? (please fill your answer below)

6. Are there any ways you don't want your story shared? Is there anything else you want us to be aware of? (Please write your comments in the space below.)

## Signature

By signing this form, you agree to let Children's Law Center use and share your information as described above. This consent form grants Children's Law Center, its representatives and employees the right to take photographs and/or videos of me, my legal guardian(s) and/or children, and/or my property, and to share my story as designated above. I authorize Children's Law Center, its assigns and transferees to copyright, use and publish the same in print, video, electronically or through any other medium.

<b>CLIENT NAME</b>	<b>SIGNATURE (client or authorized representative)</b>
<b>DATE</b>	<b>NAME OF ORGANIZATION</b>
<b>AUTHORIZED REPRESENTATIVE NAME</b>	<b>DESCRIBE AUTHORITY (e.g. parent, guardian)</b>
<b>WITNESS</b>	