



UNIONTOWN HOSPITAL

## Authorization for Photographs and Publications of Volunteers

As a Volunteer, I \_\_\_\_\_ authorize WVU Medicine Uniontown Hospital to photograph, videotape or write and publish photographs or video which may include me in publicizing the work and activities of WVU Medicine hospital. I also authorize WVU Medicine Uniontown Hospital to use my photo for purposes of Identification on my ID Badge provided to me, and any other internal publications related to my volunteer work with WVU Medicine.

This authorization shall expire three years from the date below. I understand that I have the right to stop photography, videotaping or an interview at any time, and to revoke this authorization at any time.

To revoke an authorization, communicate in writing to: Amy Flasher, Volunteer Coordinator, WVU Medicine Uniontown Hospital 500 West Berkeley Street, Uniontown, PA 15401. Revocation does not affect disclosures made while the authorization is in effect.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Witness: \_\_\_\_\_

Authorize use of photography, recording or publication: Please check all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> News Media            | <input type="checkbox"/> Marketing Materials     | <input type="checkbox"/> Newsletters     |
| <input type="checkbox"/> Websites/Social Media | <input type="checkbox"/> Internal Communications | <input type="checkbox"/> Other (specify) |