



WAHRS AmeriCorps Program

PUBLIC RELATIONS RELEASE

I hereby give my permission to have my picture taken and published by the print and broadcast media, or by the AmeriCorps program including Serve Wisconsin or any other AmeriCorps programs in the state, in order to publicize AmeriCorps events, programs and service day activities in which I may be participating. I also give my permission to be quoted by any of the above named groups.

Member signature

Date

If under 18 years of age, parent's or guardian's signature is required.

Parent/guardian signature

Date