

Personal information:

Name (First/MI/Last)		Nickname or preferred name	
Mailing address			
City		State	Zip code
County	Phone		

Email address

Demographic information

Date of birth (MM/DD/YYYY): _____

Gender: Male Female Decline to disclose

Race/ethnicity:	Primary language:	Secondary language:
<input type="radio"/> American Indian/Alaska Native	<input type="radio"/> English	<input type="radio"/> English
<input type="radio"/> Asian	<input type="radio"/> Chinese	<input type="radio"/> Chinese
<input type="radio"/> Black or African American	<input type="radio"/> Korean	<input type="radio"/> Korean
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Russian	<input type="radio"/> Russian
<input type="radio"/> Native Hawaiian/other Pacific Islander	<input type="radio"/> Spanish	<input type="radio"/> Spanish
<input type="radio"/> White	<input type="radio"/> Vietnamese	<input type="radio"/> Vietnamese
<input type="radio"/> Other:	<input type="radio"/> Other:	<input type="radio"/> Other
<input type="radio"/> Decline to disclose		

Partner organization affiliation: _____

Role: Volunteer coordinator Volunteer – unpaid In-kind paid by partner organizations

OIC media consent and release form

I authorize the Washington State Office of the Insurance Commissioner (OIC) to publish photos, videos, audio recordings, and any other media that includes my voice, image or any other identifier, collectively referred to as "media" in this consent and release form. I authorize my name and likeness for use in the OIC's print, online, social media and video-based marketing materials, along with other agency publications before or after modifying.

I release and hold harmless the OIC from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge my participation is voluntary and I will not receive financial compensation of any type associated with the taking or publication of these photos or participation in agency marketing materials other agency publications. I acknowledge and agree publication of said photos confers no rights of ownership or royalties whatsoever.

I release the OIC, its contractors, employees and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed name: _____

Signature: _____ **Date:** _____

Street address: _____

City: _____ **State:** ____ **Zip:** _____

Email address: _____