Story Collection Consent Form

Important note before adapting this template: *This template is intended to assist organizations in developing a process for obtaining informed consent. This document is not all encompassing and should be adapted and completed by the decisionmakers at your organization in consultation with a licensed attorney, as appropriate. An example of a consideration not included in this template but possibly important: Storyteller must be over the age of 18 years of age and must have full capacity to understand what they are consenting to. If not, consent must be obtained from an authorized representative of the storyteller in order to ensure consent is valid.*

[Org Name] is collecting stories from community members who want to share their experiences with a larger audience. These stories will be used to inspire other community members on their own journeys, acknowledge the hard work it takes to support all our neighbors, and draw in more funding to ensure we continue providing valuable services in our community. We are asking permission to share your story in [format type i.e. written] on our [website, social media, newsletters, and public reports]. Any notes or templates utilized will be deleted after your story is polished and finalized. The only documents kept will be your story in its final form and this signed consent form. This is completely voluntary, and you can withdraw consent at any time.

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☐ I have been informed that this is a voluntary process and I give my full consent to participate.

☐ Do Not share my story in the following format(s) (Circle the ones you do not want):

Newsletter | Year-End Report | Website | Social Media

Spoken at Events | Posters or Fliers

☐ I would like to submit an anonymous story. (Circle One)

Yes | No

☐ I consent to a trusted AI source being used to transcribe my interview, if needed. (Circle One)

Yes | No

☐ I consent to sharing a photo with this story. (Circle One)

No Photo | Anonymous Photo (no face) | Identified Photo (face)

Name: _____ Alias (optional): _____ Pronouns: _____

Signature: _____ Date: _____

Contact info (if follow-up needed): _____

Staff Name: _____

Signature: _____ Date_____

☐ I affirm that I have read the full consent statement and correctly completed the above information at the request of the storyteller.