MAINE DEPARTMENT OF CORRECTIONS

STAFF, STUDENT INTERN, OR VOLUNTEER CONSENT FOR MEDIA ACCESS

_____ has requested access to: _____

Name of Media, to include Documentary Filmmaker, if applicable *Name of Staff, Student Intern, or Volunteer*

for the following purpose(s)_____

_____

_____

to be published or broadcast: _____ _____

When *Where*

If you (staff) have any questions, before signing this form, please contact: _____

Name of Staff

I understand that my participation is voluntary and is contingent upon the approval of the Chief Administrative Officer, the RCA, or the direct supervisor of the Central Office staff, or their designees, as applicable.

If I am a student intern or volunteer, I understand that I must abide by any condition relating to media access that is imposed by the organization that sponsors me.

I further understand that I may terminate access at any time for any reason.

I voluntarily agree to the following:

☐ interviewed ☐ audio recorded ☐ video recorded ☐ photographed

I voluntarily agree to media access for the above purpose(s) only.

_____ _____

Signature of Staff, Student Intern, or Volunteer Date

Received by: _____ _____

Name of Staff Date