

# Share Your Story Form Organization



Thank you for sharing your story, one person can make a difference and inspire others to share their stories. Please consider: we live in a digital age, and your story may be found later. Please add or remove questions as needed.

**1. Did you read and sign the release form on the back? This gives us permission to share your story.** Yes No

**2. After hearing about Adverse Childhood Experiences (ACEs), what changes has your organization made?**

(Select all that apply)

Screenings for ACEs

Methods we use in a direct service program

The actual program we use- we changed from one model to another

The professional education we provide to our staff and volunteers

Other: (please describe) \_\_\_\_\_

**3. How have ACEs changed your organization's way of thinking and changed its actions?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. What does your organization impact the community? Who do you serve in your organization?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. What is your dream for the impact your organization can have in the community?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. What is your organization doing to break the cycle of ACEs?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**7. Other comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Contact Information

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\*Please send completed forms (Share Your Story AND Release) to Alex Dunbar at [adunbar@co.shasta.ca.us](mailto:adunbar@co.shasta.ca.us)



# Health and Human Services Agency

Donnell Ewert, MPH, Director

2615 Breslauer Way, Bldg 5  
Redding, CA 96001-4246  
Phone: (530) 225-5899  
Fax: (530) 225-5903  
CA Relay Service: (800) 735-2922

## USE OF PHOTO RELEASES

Everybody whose photo is used by the HHSA (including staff and public) must have a Photo Consent or Waiver Form on file. These forms have been approved by county counsel, and change the way we have previously done business.

### **Persons granting permission:**

- You are not required to grant us this permission, and your decision will have no impact on your employment with the county.
- A signed release form gives us blanket permission to photograph, videotape, or record you while you are participating in HHSA events, and to use and re-use those images, videos, or recordings for promotional or educational purposes. For example, if we take photos for a New Employee Welcome Memo, we can use them on an unrelated brochure (e.g. the Community Relations brochure). **However**, if we are creating materials that may be perceived as controversial or sensitive, such as an STD flier, we will do you the courtesy of asking your express permission before using your photo.
- If you change your mind about allowing us to use photos/videos/recordings of you, you must indicate this in writing. This letter must be signed and dated, and should be immediately forwarded to the Community Relations CES for your department at Mail Code HHA502.
  - Withdrawing your consent DOES NOT prohibit the use of photos, videos or recordings that have already been made – it simply prohibits us from using photos/videos/recordings taken from that date forward.
  - It is also important to note that the Community Relations division has no interest in causing problems or discomfort for you. Although this form gives the HHSA a lot of freedom, we are certainly sensitive to your wishes. Please let us know if you have any concerns, and we will work with you to ensure that you are comfortable with this process.

### **Persons taking photos:**

- When you take pictures, provide a release form for all people in the photo to sign. Those forms are available on the HHSA Intranet under **News and Media** - "Photo consent form for HHSA staff" and "Photo consent form for public":  
<http://intranet/hhsa/index/newsmedia.aspx>
- Forward the original executed release or waiver form to Community Relations (ext. 6862; interoffice mail code HHA502), who will put it into the Photo Release Log and ensure the hard copy's safekeeping.

### **Users of photos:**

- The Community Relations Division maintains a log that tells us whether a person has signed the form, declined to sign the form, or have not yet been asked to sign the form. Before we use your photo/video/recording for any reason, we will make sure that you have given us permission to do so by ensuring that your signed form is on file. **Anyone who does not work in the Community Relations division must check with Samantha Jackson, ext. 6862, or another member of our staff to ensure that you have given photo consent before using your likeness on any materials, including websites.**
- HHSA Staff Photos: PRIOR to using the photo check the Photos-LOG folder, on the HHSA share drive (\\hipaa\HHShare\Community Relations\Photos-LOG), to ensure that all pictured staff members have a release on file. If they do not, immediately provide them with one to sign, and DO NOT USE THE PHOTO UNTIL YOU HAVE THE PHOTO RELEASE FORM SIGNED.



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## PHOTO, VIDEO AND AUDIO AUTHORIZATION AND RELEASE

In consideration of being permitted to participate in \_\_\_\_\_ [event] (the “Activity”) on \_\_\_\_\_ [date], I, \_\_\_\_\_ [printed name of participant] give to the County of Shasta acting through its Health and Human Services Agency and its employees, officers, elected officials, agents, legal representatives, licensees, assignees, and photographers (collectively, the “County”) the following authorization and release.

- I give County the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me, video images of me, or recordings of me in which I may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, promotion, advertising, or any other purpose whatsoever.
- I hereby release, discharge and agree to save harmless County and all persons functioning under its permission or authority from any liability by virtue of any blurring, distortion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation, any claims for libel or invasion of privacy.
- I hereby relinquish any right that I may have to examine or approve the completed product or products or the materials that may be used in conjunction therewith or the use to which it may be applied.
- I waive any claim for invasion of my privacy related to the publication, reproduction, or broadcast of the products or materials.

I hereby affirm that I have read this authorization and release, prior to its execution, and that I fully understand the contents thereof. This agreement is binding upon me and my heirs, legal representatives and assigns.

_____	_____
Signature of Participant	Date Authorization Signed
_____	_____
Address	City, State and Zip
_____	_____
Name of Witness (print)	Signature of Witness

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***This section to be completed and signed if child (under 18) participates in an event photo shoot.***

I am the parent or legal guardian of \_\_\_\_\_(Print "Childs" Name). I have read and understand the authorization and release. In consideration of allowing my Child to participate in the Activity, I agree to this authorization and release and agree that it shall bind me, Child, and our heirs, administrators, executors, and assigns.

_____	
Date	
_____	_____
Signature -Parent/Legal Guardian	Print Name -Parent/Legal Guardian
_____	_____
Address	City, State and Zip
_____	_____
Name of Witness (print)	Signature of Witness