

AgingInAlamedaCounty.org

Impactful human stories about the importance of community-based services

Basic Use

By signing this form, you grant the Senior Services Coalition of Alameda County permission to share your story and photo on its "Aging in Alameda County" web site.

If you choose to, you can also use this form to grant the Senior Services Coalition permission to share your picture and story in printed materials that are distributed to the press and/or policy makers. **Circle your preferences below:**

- YES, I agree to share my story and photo in printed materials that are distributed to the press and/or policy makers.
- NO, I do not want to share my story and photo in printed materials.

Preferences

How should we describe you? Circle your preference(s) below:

- Use my first name and/or last initial (ie, Ms. B or Ms. Jane B.)
- Don't use my real name (ie, my real name is Jim, but "Mike" will be used instead).
- It's okay to share the city where I live. I live in _____

You can choose how we contact you, whether we call you directly or through email. We won't share your phone number with anyone else unless you give us specific permission to do so. How do you want us to contact you? Circle your preferences:

- It's okay to call me directly. My number is (_____)_____
- Only contact me through email. My email is _____

Signature

Date

Please print your name: _____