ORAT
Office for Refugees
Archdiocese *of* Toronto

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Photo, Video and Refugee Story Consent Form

Why We Are Asking

The Office for Refugees, Archdiocese of Toronto (ORAT), works to welcome and support refugees as they rebuild their lives in Canada. Sharing refugee stories helps Canadians better understand the hardships refugees have experienced, the challenges they face, and the hope that comes with finding safety.

With your permission, ORAT may share your photographs, videos, and personal story to raise awareness of the refugee experience and encourage continued support of Canada's Private Sponsorship of Refugees Program.

Participation is entirely voluntary. Your decision will not affect your immigration process, resettlement, or any assistance you receive from ORAT.

Consent

I give permission to ORAT, the Archdiocese of Toronto, ShareLife, and Constituent Groups working with ORAT to use my photographs, videos, and personal story, including those involving minors in my care, for educational, awareness, fundraising, and promotional purposes. This may include presentations, publications, websites, social media, and parish or community events.

I understand that I will not receive compensation for the use of these materials.

Please select one:

☐ I consent to the use of my photographs, videos, and personal story using my real name.

☐ I consent to the use of my photographs, videos, and personal story, but request that an alias be used to protect my identity and/or family members who remain in my country of origin.

☐ I do not consent to the use of my photographs, videos, or personal story.

☐ I wish to withdraw my previous consent (opt out) and request that ORAT discontinue using my photographs, videos, and personal story in future materials.

I understand that I may withdraw my consent at any time by completing this same form and selecting the opt-out option above. Send your 'opt-out form' to oratoutreach@archtoronto.org and ORAT will make reasonable efforts to discontinue future use. Note that materials already published or distributed may not be possible to retrieve.

Principal Applicant (PA)		**Witness**	
Name:		**Name:**	
Signature:		**Signature:**	
Date:		**Date:**	