

## **PROJECT STORYTELLER - STORY FORM**

Name:	Email:
Address:	
	_ Preferred Contact: Phone Email
Any YMCA Staff apart of your Journey	/:
How long have you been a member o	f the YMCA?
Which YMCA program has impacted y	ou the most?
Tell us about your Y story:	
	u or your family in any significant way?
What do you feel is interesting / unique	ue about your experience?
What does the YMCA mean to you?	

Please finish this statement: "If not for the Y"	
it, I am giving permission	No  nymous in my story, but understand by submitting to the Union County Family YMCA to share it with community. (Names will be changed for privacy)
County Family YMCA and is story, including any and all medium for any purpose of Further, I represent and whave obtained sufficient repicture is featured in any to not infringe or otherwise wrights, or publicity rights of age of eighteen (18) or the child(ren) submitting this sunderstand its contents. To	I acknowledge that I hereby give the Union its affiliates permission, at no charge, to use my II text, photographs, and other content in any consistent with the YMCA's charitable mission. Varrant that my story is true and correct, that I eleases from all persons whose name, portrait, or text of images in my story, and that my story does violate the intellectual property rights, privacy of any other person, I represent that I am over the at I am the parent or legal guardian of the minor story and that I have read the foregoing and fully the union county family YMCA is committed to and will not disclose your information to any third
Signature_	Date

Thank you for taking the time to share your YMCA story with us! We will be able to share your story with those in our Y and community about the impact the Y has had on yourself, children, families, and how it continues to build a stronger community.