

Media Agreement Worksheet

All media agreement requests must be submitted at least one month prior to the event.

Unit: _____ Chaplain: _____

REQUESTOR INFORMATION:

Name of Requestor: _____

Phone Number: _____ Email: _____

Name of Ministry/Organization: _____ Position/Title: _____

Is the requestor an approved TDCJ volunteer? Yes ☐ No ☐

EVENT INFORMATION:

Type of Event: (*graduation, regular worship service, etc.*) _____

Date of Event: _____ Time of Event: _____

Has the event been approved by CVSD or CID? If yes, attach approval documentation. Yes ☐ No ☐

MEDIA INFORMATION:

What type(s) of media will be utilized? Still photographs ☐ Video ☐

Provide an itemized list of equipment you are requesting to bring: (*additional pages may be attached*)

Describe the intent or purpose for obtaining still photographs and/or video: (*additional pages may be attached*)

Will interviews be conducted with inmates or staff? Yes ☐ No ☐

If yes, explain in detail and include names of individuals being interviewed and topic(s) of discussion.
(*additional pages may be attached*):

How will the media be published? _____
(i.e., social media platform, organization website, newsletter, etc.)

If published on a social media platform, list the social media handle or username: _____

If published on an organization's website, list the website address: _____

If the event is involving children (such as Day with Dads), will photos/video be taken of the children participants?
Yes ☐ No ☐

Chaplain: Approved ☐ Denied ☐ _____(signature/date)

Warden: Approved ☐ Denied ☐ _____(signature/date)

CVSD: Approved ☐ Denied ☐ _____(signature/date)

Special Instruction/Comments: