

# CONFESSIONS — Submission Forms Packet

## FORM A — Confession Submission Application

### Step 1: Applicant Information

- Full Legal Name: \_\_\_\_\_
- Preferred Name (if different): \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Preferred Contact Method (call/text/email): \_\_\_\_\_
- Best Time to Contact You: \_\_\_\_\_

### Step 2: Identity Verification (ID Required)

- Upload a clear photo of a government-issued ID (driver's license, state ID, or passport).
- Upload a selfie holding the same ID (for matching) OR complete a live video verification call if requested.
- ID uploads are used only for verification and program integrity; access is limited to authorized reviewers.

### Step 3: Your Confession (Written Summary)

- In 1–2 sentences, what is your confession? \_\_\_\_\_
- What are you facing right now? (details) \_\_\_\_\_
- What is the one opportunity that could change everything? \_\_\_\_\_
- How would help be used? (estimated amount and purpose) \_\_\_\_\_
- Have you already tried other resources? (yes/no) If yes, which? \_\_\_\_\_

### Step 4: Video Submission

- Upload or record your video (recommended 2–5 minutes).
- Video Title (optional): \_\_\_\_\_
- Please answer these prompts in your video:
  - What happened that brought you to this moment?
  - What are you doing to fight through it?
  - What do you want a donor (or viewer) to understand about you?

## Step 5: References (Required)

- Provide 2–3 references who can confirm your situation (they will only be contacted with your permission):
- Reference #1 — Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- Reference #2 — Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- Reference #3 (optional) — Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- If your story involves a workplace, school, landlord, medical provider, or community leader, you may list one (optional): \_\_\_\_\_

## Step 6: Permission to Contact & Verify

- I give permission for Confessions / Diverse Resolutions to contact me about my submission.
- I give permission for Confessions / Diverse Resolutions to contact the references I listed to verify my story.
- I understand verification may include discreet confirmation conversations and/or requests for documents I voluntarily provide.

## Applicant Confirmation

By submitting, I confirm that the information I provided is true to the best of my knowledge. I understand that submitting does not guarantee selection, funding, or appearance on the show.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM B — Submission Media Release & Rights Permission

This form grants permission for the use of your submitted video and related materials.

- **Grant of Rights:** I grant Arlesa Ferguson, Diverse Resolutions, and the Confessions project the right to use my submitted video, audio, name (or first name only if requested), likeness, and story materials for any lawful purpose related to developing, producing, advertising, marketing, distributing, or exhibiting the Confessions project.
- **Editing & Format:** I understand my submission may be edited for length, clarity, and storytelling, and may appear in trailers, sizzle reels, pitch decks, online promotions, television, streaming, and other media now known or later developed.
- **No Guarantee:** I understand my submission does not guarantee selection, funding, or on-camera appearance.
- **No Compensation Unless Separate Agreement:** I understand I will not be paid unless a separate written agreement is signed.
- **Third-Party Pitching:** I understand my submission may be shown to networks, streaming platforms, production partners, and sponsors for pitching and development.
- **Withdrawal Requests:** I may request withdrawal in writing; however, I understand materials already shared for pitching or in production may not be fully retractable.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

# FORM C — Reference Contact Authorization

I authorize Confessions / Diverse Resolution to contact the references listed in my application solely to verify information connected to my submission.

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

References Authorized (names): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM D — Optional Document & Background Confirmation Consent

Some stories may require additional confirmation. You may choose to provide documents voluntarily.

- Examples (only if relevant and you agree): eviction notice, medical bill, repair estimate, school bill, pay stub, court document, letter from a verified community leader, etc.
- I understand I can refuse to provide documents, but this may affect my ability to be verified/selected.

Consent (check one):  Yes, I consent  No, I do not consent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM E — Minor Participation / Guardian Consent (If Applicable)

If any minor (under 18) appears in a submitted video, a parent/legal guardian must complete this form.

- Minor's Name(s) and Age(s): \_\_\_\_\_
- Guardian Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Guardian Phone/Email: \_\_\_\_\_
- I consent to the minor appearing in the submission and to the use of the minor's likeness as described in Form B.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM F — Submission Removal / Withdrawal Request

Use this form if someone requests removal of their submission from the review system.

- Full Name: \_\_\_\_\_
- Email/Phone used to submit: \_\_\_\_\_
- Reason for request (optional): \_\_\_\_\_
- Request (check one):  Remove from consideration  Delete stored files (where possible)
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If materials have already been shared with third parties for pitching or are part of production files, complete deletion may not be possible. Confessions / Diverse Resolutions will make reasonable efforts consistent with operational and legal requirements.