

CAPTURING GOOD INTERVIEW FOOTAGE



Style & Background

Select a quiet, well-lit location where sound and light can be controlled. Simple

backgrounds are best - or a background that can be blurred out in your camera settings.

Don't use filters. If you must, please use ones that do not alter the color, add graphics, or make it dimmer or brighter.



Please don't use the front-facing camera.



Framing

Record the video with the phone horizontally; a wider frame allows for upright and landscape videos. The top of the frame/screen must have plenty of added space.

Center yourself in the frame, with the open space above so that we can reframe for up and down videos. Also consider the rule of thirds and position yourself on one of the grid lines to add interest to the shot.

Lighting & Subjects

Make sure to place all people in frame in a spot where the light is not creating long, dark shadows on the face(s). Keep more light behind you, than in front.

Stability

Use a small tripod or mount for the phone so that it is stable. Some options for stability might be a glass or mug or something to rest the phone against at a 90-degree angle.

SubmissionSubmit your final video via text to ______

Be sure to send at full quality, do not reduce the size. Please include your name. Your name may appear in the video - no other personal information will be shared aside from your own statements.



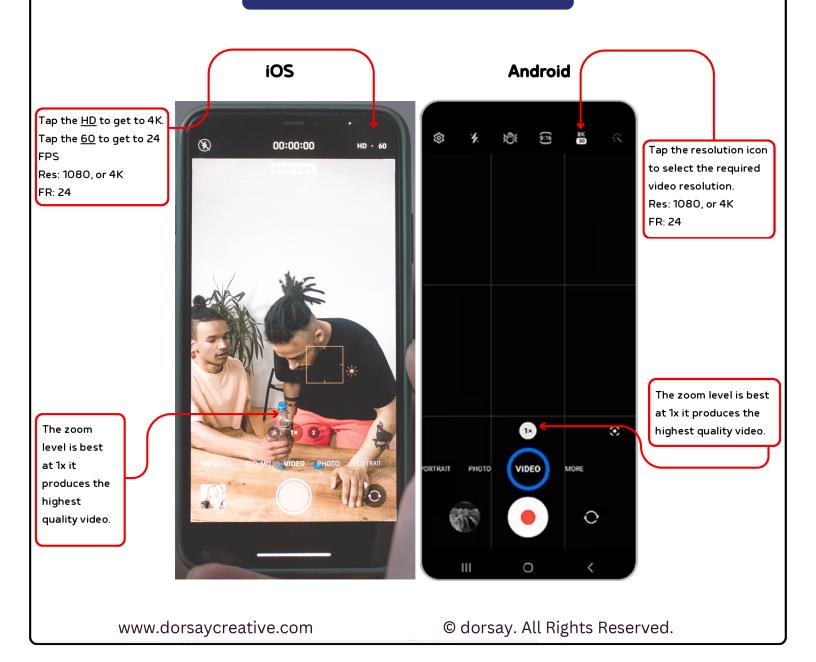
CAMERA SETTINGS

Below is a short guide on how to change the camera settings on a few commonly used phones.

Phone Camera Settings

Use a modern iPhone or Samsung, if possible. Desired Camera Settings

4k • 24(fps) • 1x (zoom)





TESTIMONIAL QUESTIONS AND HOW TO ANSWER

- A. Answer the questions as if you are speaking to a friend. Ex: Evelyn loves it, we've had a great experience with..." cite examples.
- B. Repeat *a part* of the question at the beginning of the answer. E.g: "X Y Z is the top priority for me, and..." *cite overall experience*.
- c. Most of all relax and get comfortable, you'll do great!

TESTIMONIAL QUESTIONS

Please answer question 1. We'd love for you to answer all of the questions if you'd like.

- 1. In your own words, describe your experience with us?
- 2. How did you find out about us?
- 3. Did you use other service providers before us?
- 4. What is your top priority when considering provider options?
- 5. In what ways have we met or exceeded your expectations?
- 6. Have you noticed any unintended benefits for you since starting with us?
- 7. Do you feel like a priority working with us?
- 8. Is working with us easy for you?
- 9. What would you say to others who are considering using our services?



VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant	(the "Company") the irrevocable right and
permission to use photographs and/or video recording	ngs of me on elcacenters.com and other websites and in
publications, promotional flyers, educational materia	als, derivative works, or for any other similar purpose
without compensation to me.	
I understand and agree that such photographs and/o	or video recordings of me may be placed on the Internet. I
also understand and agree that I may be identified by	_ · · · · · · · · · · · · · · · · · · ·
	and/or video recordings of me. I waive the right to approve
	res, photographs, video and audio recordings, and any
reproductions thereof, and all plates, negatives, reco	
property of the Company.	
property of and company.	
Thereby release acquit and forever discharge the Co	ompany, its current and former trustees, agents, officers
· · · · · · · · · · · · · · · · · · ·	y and all claims, demands, rights, promises, damages and
liabilities arising out of or in connection with the use	
recordings, including but not limited to any claims fo	
	years old or more and competent to contract in my own
	parent or guardian has signed this release form below.
This release is binding on me and my heirs, assigns ar	•
This release is billuling of the and my fields, assigns at	ia personal representatives.
Signature of Individual Recorded/Photographed	Date
organization marviadax nocordody, nocograpmod	Duto
Printed Name	
Circ. turn of With and	D-1-
Signature of Witness	Date
If the individual photographed/recorded is under eig	ghtoon (18) years old the following section must be
	ent. I understand and agree that it is binding on me, my
	representatives. I acknowledge that I am eighteen (18)
years old or more and that I am the parent or guardia	•
years old or more and that rain the parent or guardia	in of the child hamed above.
Signature of Parent/Guardian of Individual Recorded/Photographed	Date
Printed Name	
Signature of Witness	Date
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