



# Our Veterans **Their Stories**

## Contact Information

Date of Submission: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred: Phone \_\_\_ Cell \_\_\_ Email \_\_\_

Do you have any memorabilia you wish to display in our exhibit if space allows? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Project Guidelines

- Deadline for submission is **August 30, 2019**
- Maximum of 2 photographs can be submitted.
- Photographs must be removed from any frames or photo albums for scanning.
- All items must be placed inside a 10x13 envelope that we'll provide.
- Stories must be typed (not handwritten), printed, and submitted with this form along with photographs.
- Stories must not exceed 2 pages in length.
- Photographs will be returned once information has been scanned. We will use this contact information to notify when items are ready to be picked up.

***Sign back page to complete form.***

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## Veteran Identification

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Branch of Military: \_\_\_\_\_

Rank: \_\_\_\_\_

Years Served: \_\_\_\_\_

Deployed: Yes \_\_\_ No \_\_\_

If Deployed, which war(s)/battles(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Topic Examples

- Do you know what motivated your family member to enter the service?
- Can you share anything about their experience at boot camp or early days of service?
- Did they receive any specialized training?
- Can you describe their duties?
- Tell us a story about their time in the service.
- How did they keep in touch back home?
- Did they receive any medals?
- How were they received when they returned home?
- Did they belong to any veterans' organizations? If so, which ones?
- How did their military experience affect their life? Yours? Your family?
- How has their military experience impacted your feelings about war and the military in general?



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## Release Agreement

I, \_\_\_\_\_ have the full permission to share the pictures and the stories of the individuals that are included in the Veterans Project for the Laurel County Public Library. I understand the purpose of the history project is to collect stories and photos of America’s war veterans for inclusion in the permanent collection of the Laurel County Public Library.

I understand that the Laurel County Public Library plans to retain the product of my participation including but not limited to my interview, video, statements, name, images or likeness, voice and written materials as part of its permanent collection.

I hereby grant to the Laurel County Public Library, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the history in any medium.

I hereby release the Laurel County Public Library and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of my history, including but not limited to any claims of copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of the history be found to include materials that the Laurel County Public Library deems inappropriate for retention with the collection, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library’s collection.

ACCEPTED AND AGREED

Full Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_