

# Checklist

#### PLEASE RETURN THIS CHECKLIST WITH YOUR INTERVIEW

Before submitting your recordings to the Veterans History Project at the American Folklife Center of the Library of Congress, be sure you have included the following:

- 1. Recorded interview, not to exceed 90 minutes. After recording the interview, the plastic tabs should be removed from the audio or video cassettes to prevent recording over them. Cassettes must be labeled with the full name of the veteran or civilian interviewee and his or her birth date (month/day/year).
- 2. Completed biographical data sheet for each veteran or civilian interviewee (see Biographical Data Form).
- 3. Release form signed by each veteran or civilian interviewed (see Veteran's Release Form).
- 4. Release form signed by the person(s) producing the recording. This includes interviewers and recording operators (see Interviewer's Release Form).
- 5. Audio and Video Recording Log.
- 6. Photographs (not more than twenty). Photographic prints should be numbered and dated on the back lower-right corner using a soft (no.1) pencil. For slick prints where it is difficult to write on the back, enclose them in individual labeled envelopes. Please do not write on the prints with a pen or marker. Slides may be labeled on the frame. Scrapbooks and photograph albums containing more than twenty images are acceptable, but donors are encouraged to describe the contents as fully as possible.
- **7**. Photograph Log.
- □ 8. Release form signed by the photographer(s) (see Interviewer's Release Form).
- 9. Selected letters, diaries, and other printed and handwritten manuscripts relating to the veteran or civilian interviewee.
- □ 10. Manuscript Data Sheet.

Please tell us how you heard about this project: \_

### Veteran's Release Form

#### TO BE COMPLETED BY VETERAN OR CIVILIAN

(In cases of deceased veterans, to be completed by the donor of the material.)

I, <u>HELEN</u> <u>SCHWAB</u>, an a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-taped oral histories of America's war veterans and of those who served in support of them as well as selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experi ences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in any medium.

I hereby grant to the Library of Congress ownership of the physical property delivered to the Library and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the Library of Congress my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the Library of Congress and its assignees in any medium.

I agree that the Library may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED
Signature X Helen m Schwab Date 6905
Printed Name HELLEN M SCHEWARS
Address 3138 CHRISTINE LANE
City OREGON State OH ZIP 43616. 3353
Telephone (419) - 698 8510

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

## Interviewer's Release Form

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS

I, <u>Answer</u>, an a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them as well as selected related documentary materials such as photographs and manuscripts that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experiences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in any medium.

I hereby grant to the Library of Congress ownership of the physical property delivered to the Library and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the Library of Congress my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the Library of Congress and its assignees in any medium.

I agree that the Library may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED		
Signature	Date	6905
Printed Name ANDREW FISHER		
Signature of Parent or Guardian (if interviewer is a minor)	Date	
Printed Name of Parent or Guardian		
Address 7455 CLOB ROAD		
City SYLVANIA State ON ZIP 4356	0	
Telephone (419) - 882 1945		
Relationship to veteran/civilian		

6/9/05

# Biographical Data Form

To ensure inclusion in our National Registry of Service, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war.

PLEASE PRINT CLEARLY
Veteran Civilian O HELEN M SCHLOAB (MOLNAR)
Address 3138 CHRISTINE LANE
City _ Orles Con _ State OH ZIP 43616 - 3353
Telephone $(419) - 693 3510$ Email
Place of Birth LINE MICH Birth Date 6/20/25
Race/Ethnicity (optional) Male A Female A
Branch of Service or Wartime Activity When Plast Levenkon
Battalion, Regiment, Division, Unit, Ship, etc. US. HTS OVERIASO, TOLEDO, OLLO
Highest Rank
Enlisted Drafted Service dates to
War(s) in which individual served
Locations of military or civilian service
Was the veteran a prisoner-of-war? Yes 🔲 No 🖗
Did the veteran or civilian sustain combat or service-related injuries?Yes 🗔 No 🖗
Medals or special service awards. If so, please list (be as specific as possible):
Are photographs included? Yes 🗋 No 🗋 (If yes, please complete the Photograph Log in this kit.)
Are manuscripts included? Yes 🖵 No 💢 (If yes, please complete the Manuscript Data Sheet in this kit.)
Does the veteran or civilian have field maps Yes 🗋 No 🖉 or wartime-related home movies Yes 🗖 No 🗭
that he or she would like to share with the Library of Congress? (If yes, we will contact you shortly.)
N
Interviewer (if applicable) HNDREED FREED
Partner organization affiliation (if any, i.e. AARP, etc.)

Please use reverse for additional biographical information.

# Audio and Video Recording Log

1. Name and address of collector or interviewer.
Name of Collector/Interviewer ANDREW HTSHER
Address 7455 CLUB ROAD
City SQLUPONA State ON ZIP 43560.
Telephone ( 19)-282 1945 Email ALFISHERO PEOPLE PC. Com
Organization or Affiliation (if any) UNIVERSICY OF TELEDO
2. Full name and birth date of the veteran or civilian being interviewed as it appears on the
recording label and Biographical Data Form.
Name of Veteran/Civilian_HELEN M SCHLUAB Birth Date 6/20/25
3. Recording format (please check)
VIDEO type: Betacam VHS Semma High-8 Digital Other (identify)
AUDIO type: Cassette 🖉 Microcassette 🗆 CD 🗔 Reel 🗔 Digital (DAT) 🗔 (identify)
Is item: Original 🖾 Copy 🗆
4. Date of Recording 6905
Estimated length of recording (in minutes) 35
5. Location of recording OREGON OFFCO
3
6. Corresponding materials (please check)
Have you included materials other than the recording? Yes $\Box$ No $\boxtimes$
If so, please complete the Photograph Log and/or the Manuscript Data Sheet.
7. Please summarize the topics discussed in the interview in their order of appearance on the
recording.
Motor Deading Taxies presented in order of discussion on recording
Meter Reading Topics presented in order of discussion on recording or Minute Mark
CALIFORDITION 1810 - 0
018-037 STRUGGLING TO MARRY IN WARTING
037-103 WITH HUSBAND DURING HIS TRAINING
(Continue on back or on additional sheets as needed.)

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Meter Reading Topics presented in order of discussion on recording or Minute Mark RETURN TO TOLODO 103-188 EMPLOYONT DI LUITI HUSPAND AT SIGUK FALLS SD Arpplane Winsps Workinse ON Coa SAIN NDUSTRI (esomes) INS 188 -223 INS ENGLAND HUSBAN 223-256 GORMAN IN aven R MAIL 256-405 JONVICE IN 3 BRETHERS 405 - 507 OSM M MISC THE ENDS NARPI Emplo ENDS

Audio and Video Recording Log

Library of Congress American Folklife Center VETERANS HISTORY PROJECT