Welcome:

“Veterans and Libraries: Networking, Outreach and Mission”

Eastern Suffolk BOCES
School Library System
Liaison/Program Meeting

December 11, 2018
How it All Began
Fast Forward to June 2014
With Robert Patrick, Director of Veterans History Project
Library of Congress
Washington, DC
Forms & Requirements
VETERANS TESTIMONIAL PROJECT

Waiver of consent

I__________________________, am a participant in the Half Hollow Hills Community Library’s Veterans Testimonial Project.

I have been informed that the interviews may be loaned out to library patrons, posted on the Library website or on social media and/or archived elsewhere.

I give consent for any interviews, in written, video or audio format, to be used by the Half Hollow Hills Community Library in any and all publicity and in any format.

__________________________
Name

__________________________
Signature

__________________________
Address

__________________________
Email address

7/2014
REQUIRED

VETERAN’S RELEASE FORM
(See reverse for Interviewer’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, ________________________, am a participant in the Veterans History Project (hereinafter “VHP”) of the Library of Congress American Folklife Center. 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, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans’ wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials (“My Collection”) as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, 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 materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assigns and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library’s collections.

ACCEPTED AND AGREED

Signature ____________________________ Date __________/____/____

Printed Name ____________________________

Veteran’s Address ____________________________

Veteran’s Next of Kin: Name & Address ____________________________

Name of Interviewer (if applicable) ____________________________

Relationship to Interviewer ____________________________

Library of Congress American Folklife Center VETERANS HISTORY PROJECT
REQUIRED

INTERVIEWER’S RELEASE FORM
(See reverse for Veteran’s Release Form)

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS AND PHOTOGRAPHERS
(please circle appropriate category)

I, ________________________, am a participant in the Veterans History Project (hereinafter “VHP”) of the Library of Congress American Folklife Center. 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, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans’ wartime experiences and as a scholarly and educational resource for Congress and the general public.

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ACCEPTED AND AGREED

Signature __________________________ Date __________ month/day/year

Printed Name __________________________

Signature of Parent or Guardian (if Interviewer is a minor) __________________________ Date __________ month/day/year

Printed Name of Parent or Guardian __________________________

Address __________________________________________

City __________________________ State __________ ZIP __________

Telephone (__________ ) __________________________ Email __________________________

Name of Veteran __________________________

Organization affiliation (if any) __________________________

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

8 Field Kit VETERANS HISTORY PROJECT
**LC Biographical Data Form**

**Biographical Data Form**

To ensure inclusion in the Veterans History Project, this form must accompany each submission. Please use reverse or additional sheet if service was in more than one war or conflict.

**PLEASE PRINT CLEARLY**

Veteran □ Civilian □ Name ____________________________

Address ____________________________

City ____________________________ State __________ Zip ___________

Telephone (_____) __________ Email ____________________________

Place of Birth ____________________________ Birth Date _______ month/day/year _______ Death Date _______ (if applicable)

Next of Kin: Name and Address: ____________________________

Race/Ethnicity (optional) ____________________________ Male □ Female □

Though you are not required to do so, providing this information will help researchers and ensure our collections accurately reflect the races and ethnicities of all who served.

Branch of Service or Wartime Activity ____________________________

Commissioned □ Enlisted □ Drafted □ Service dates __________ to __________

Highest Rank ____________________________

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) ____________________________

War, operation or conflict ____________________________

Locations of military service ____________________________

Battles/campaigns (Names) ____________________________

Medals or service awards (Please list as specifically as possible.) ____________________________

Special duties/highlights/achievements ____________________________

Was the veteran a prisoner of war? Yes □ No □

Did the veteran sustain combat or service-related injuries? Yes □ No □

Interviewer (if applicable) ____________________________

(Please use reverse for any additional biographical information.)
ADDITIONAL SERVICE HISTORY INFORMATION (if necessary)

Branch of Service or Wartime Activity

Commissioned □ Enlisted □ Drafted □ Service dates _______ to _______

Highest Rank

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.)

War, operation or conflict

Locations of service

Battles/campaigns (Names)

Medals or service awards (Please list as specifically as possible.)

Special duties/highlights/achievements

Was the veteran a prisoner of war? Yes □ No □

Did the veteran sustain combat or service-related injuries? Yes □ No □

Additional Biographical Information

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Engaging Schools, Teachers And Students
Website Path

hhhllibrary.org
adult services
see all
Veterans Testimonial Project
Half Hollow Hills Community Library
Home Page
Veterans Testimonial Project

The Library has created a project to help preserve our community's rich history. We are looking for U.S. veterans from any conflicts, to share their experiences and stories. All interviews will be conducted and recorded at the Library. Each will be added to the Library's Oral History Collection. All participating veterans will receive a personalized copy of the recording as a memento. Call Sarah Grooms at 516-480-2100 to register for this important project.

If you would like to hear their stories, please click here.

- 2019 Veterans Testimonial Project Reception
- 2019 Veterans Testimonial Project Recording
- 2018 Veterans Testimonial Project Reception
- 2018 Veterans Testimonial Project Recording

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Half Hollow Hills Community Library
Veterans Interviews Page
Half Hollow Hills Community Library
Individual Veteran Interview Page
The Interview Process
INTERVIEW

It is the interviewer's job to make the veteran feel comfortable and to be a good listener. Each interview session will be unique. The following is an outline (not a script) to help the interviewer guide the veteran through the conversation. Tailor the questions as you and the veteran see fit.

1. Introduction
   The interviewer must begin the recording by stating his or her name and organizational affiliation (if any), the veteran's full name, the date and the general location in which the interview is being conducted. Please do not disclose private information such as home addresses, military serial numbers or Social Security numbers.

2. Biographical Details
   a) Where and when were you born?
   b) Who are/were your parents and what are/were their occupations?
   c) Who are/were your siblings? Names and genders? Which, if any, serve/served in the military?
   d) What were you doing before you entered the service?

3. Early Days of Service
   a) In which branch of the military did you serve?
   b) Did you enlist or were you drafted?
   c) If you enlisted, why did you choose that specific branch of the military?
   d) What happened when you departed for training camp and during your early days of training?
   e) Do you recall your instructors? If so, what were they like?
   f) Did you receive any specialized training? If so, what?
   g) How did you adapt to military life, including the physical regimen, barracks, food and social life?

4. Wartime Service
   a) Where did you serve?
   b) If you served abroad, what are some memories you have of that experience?
   c) If you were on the front lines, what combat action did you witness?
   d) If you were not on the front lines, what were your duties?
   e) If you saw combat, how did you feel when witnessing casualties and destruction?
   f) What kinds of friendships and camaraderie did you form while serving, and with whom?
   g) How did you stay in touch with family and friends back home?
   h) What did you do for recreation or when you were off-duty?

5. War's End/Coming Home
   a) Where were you when the war ended?
   b) How did you return home?
   c) How were you received by your family and community?
   d) How did you readjust to civilian life?
   e) Have you remained in contact with or reunited with fellow veterans? If so, what?
   f) Are you a member of any veterans' organizations? If so, which?
   g) What have you done since separating from the military?

6. Reflections
   a) How did your wartime experiences affect your life?
   b) What are some life lessons you learned from military service?
   c) How has your military service impacted your feelings about war and the military in general?
   d) What message would you like to leave for future generations who will view/heard this interview?
   e) Is there anything you feel like we haven't discussed, or should be added to this interview? If so, what?
United States Veterans

Be a Part of Your Community’s Rich History
Share your military experiences so future generations will know your story. Interviews are recorded onto a DVD and added to our Local History Collection and shared with you. To participate in this important project, call Edna Susman at 631-498-1260.

Veterans Testimonial Project

All Are Invited to a Reception

When: Saturday, May 11, 2019
2 PM–4 PM

What: Reception for family, friends and community members in recognition of our participating veterans who will be presented with a DVD copy of their interview

Tentative Program:
• Local Politicians
• American Legion, Flag Ceremony
• Half Hollow Hills High School Students
• and more

Refreshments will be available.
The Reception
VETERANS TESTIMONIAL PROJECT
PROGRAM AND RECEPTION

Saturday, May 9, 2015
2 pm-4 pm

"The key to our future is to remember, learn about and record our past."
— Anonymous

Half Hollow Hills Community Library
55 Vanderbilt Parkway
Dix Hills, NY
Teen Community Service
Reception
Half Hollow Hills Community Library
2017 Veterans Reception Photos
Artwork by Lester Schlumpf
Army & Navy
World War II
Veterans arriving at Half Hollow Hills 2015 Veterans Testimonial Reception as Bagpipes play the theme songs of the Branches of the Military
Credits

Powerpoint
Victor Susman, Graphic Designer
Have Scanner Will Travel

Photos
Ellen Druda,
Technology & Internet Services Librarian, HHH
Margie Hartough,
Head Teen Librarian, HHH
Bruce Gordon,
Library Trustee, HHH
Victor Susman,
Have Scanner Will Travel

Video
Helen Crosson
Library Director, HHH

Program Coordinator
Edna Susman,
Project Director & Reference Librarian, HHH
esusman@hhhlibrary.org

Half Hollow Hills Community Library
(631) 421-4530