



STORIES *of*
SERVICE



Storyteller Application Form

To participate in STORIES OF SERVICE and have your personal experiences turned into a Digital Story, please fill out the following application as completely and accurately as possible.

You will also need to fill out our *Storyteller Agreement and Release Form* as well as a *Veteran's Release Form* for the Library of Congress' Veterans History Project.

Remember - There is no fee for participating in this program. Your story will not be used for any commercial or political purpose.

In return, we ask that you make a commitment to attend the scheduled meetings, provide the necessary materials and information, and support and cooperate with the youth and adult volunteers you will be working with.

If you have questions about this commitment, please refer to the orientation materials, or speak to your Site Program Coordinator.

Please return this form to **Rod Melendez**, Executive Director, Veterans Museum and Memorial Center. You can email (exec.director-vmmc@pacbell.net), mail (2115 Park Blvd., San Diego, CA 92101), or fax (619-239-7445) this application.

If you have questions about this application or the Stories of Service program in general, contact Rod Melendez at (619)-239-2300 or Jessica End, Service-Learning Coordinator at Volunteer San Diego at (858) 636-4124.

When this application is received, we will contact you.



STORIES of SERVICE



Storyteller Application Form

Name: _____ Maiden Name? _____

Phone (day): _____ (eve): _____ Fax: _____

Mailing Address: _____

E-mail: _____ How often do you check it? _____

What is your ethnic background? (circle all that apply) - Optional

Asian/Pacific Islander Black Caucasian Hispanic/Latino Native American Other

Details (e.g. Chinese, Italian, etc.) _____

Do you use computers? _____ Do you have one at home? _____

Do you use any of the following types of computer programs? (circle all that apply)

E-mail Word Processing/Writing (MS Word) Web Browser (Internet Explorer)
Graphics Video Editing Spreadsheet (MS Excel) Database AOL

How did you learn about the Program? _____

Do you understand the purpose of the Program? Yes / No

Do you understand and agree to the commitment required as a Storyteller in the Program? Yes / No

Have you signed the Storyteller Agreement and Release Form? Yes / No

If you answered "no" to any of the three questions above, please review the Orientation materials or speak to your local Site Program Coordinator before signing below.

I hereby agree to participate in the STORIES OF SERVICE program as a Storyteller

Signature: _____ Date: _____

Please complete the next page



STORIES of SERVICE



About Your Story for Veterans

Date of Birth: _____ Place of Birth _____

Other places you lived prior to your service: _____

Where did you serve? (circle all that apply):

WWII - Europe/Africa/Atlantic WWII - Europe/Africa/Atlantic WWII - Homefront

Korea Vietnam Desert Storm Iraq/Afghanistan Other _____

Branch of Service? _____

Service Summary (including training):

Dates (approx)	Unit/Ship	Location/Campaign

Where have you lived since your service?

What have you done since your service? (marriage, family, work, other experiences)

Which veterans' organizations have you joined? (VFW, American Legion, DAV, etc.)

If you had only 3 minutes to share a specific memory from your service, what would that be?
