

**Voices of Our Elders Adult Permission Slip**

Please complete this form and present it to Rob Levit, or mail it to him at Creating Communities

c/o Rob Levit  
139 Jefferson Street  
Annapolis MD 21403

***Forms must be completed and signed prior to beginning work/interviews!***

I, \_\_\_\_\_ agree to participate in the Voices of Our Elders Project with the nonprofit organization, 2C – Creating Communities.

I also agree and fully understand that Creating Communities and its employees, agents, directors, board members and associated participants is held harmless and not liable for any injury, accident or damage causing event related to Voices of Our Elders and any program of Creating Communities. I also understand and give permission for my photo/video to be used in any appropriate manner for promotion and continuation of Voices of Our Elders, including media outlets. I understand that I will be helping to document pivotal stories in the lives of World War II and Holocaust survivors living in Anne Arundel County. As part of the project, I will make personal site visits and interview at least two vets and survivors; write up the interviews as narratives; and help collect materials pertaining to this historical documentation. The final goal of the project is to create a free, easily accessible resource that houses these stories, along with MP3 interview excerpts, videos, and photos. The interviews, data and intellectual property acquired becomes the property of Creating Communities to be used in any way appropriate for the promotion and continuation of Voices of Our Elders and associated projects including media and internet outlets. I am aware that I will not be compensated financially for this important contribution. I am an independent volunteer and not an employee or member of Creating Communities. I am free of a criminal record and would be willing to have a background check.

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Signature	Print	Date
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Address: \_\_\_\_\_

Telephone number: (     ) \_\_\_\_\_ - \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_

Emergency Phone and Contact: \_\_\_\_\_