



SCOVETH
A
Informed Consent Agreement

Project Summary:

SCOVETH (Virginia **SCO**uting and **VET**erans Oral **H**istory Project) is a collaborative effort between the Virginia War Memorial and the BSA Heart of Virginia Council. The purpose of the project is to unite scouts and Virginia military veterans in safe and educational forums to memorialize Virginia's veteran and scouting history through oral history interviews. Each interview will last approximately 30 minutes to 1 hour in length.

This oral history project is a program in collaboration with the Virginia War Memorial. Recordings, transcripts, and other materials collected through this program will be stored and made available in the archives of the Virginia War Memorial. Participation in this program is voluntary.

Interviewee's Name: _____

Date of Interview: _____

Street address

Phone

City, State, Zip Code

Email address

I, _____, am aware that participation in this oral history program is voluntary. I understand that in signing, I am donating all recordings, transcripts, and other materials collected during this interview(s) to the Virginia War Memorial. Any and all materials produced by the Virginia War Memorial, including but not limited to audio and visual recordings, transcripts, digital media, or material in any other form will be used by the Virginia War Memorial. These materials may be used for education, research, exhibition, programming, promotion, publication or as seen fit by the Virginia War Memorial.

By signing, I understand that I am assigning copyright, legal title, and all literary rights of these interview recordings and transcripts to the Virginia War Memorial, which may copyright and publish said materials. I understand that my name, image, story, and materials may be used by the Virginia War Memorial in connection with this oral history interview. No rights whatsoever are to vest in my heirs or my estate, now or upon my death.

Interviewee's signature

Date

Scout Interviewer's name

Scout Interviewer's signature

Date

Adult Interviewer's name

Street address (City, state, zip code)

Phone

Email

Adult Interviewer's signature

Date