

# **Winchester During COVID-19: Preserving Our Story Submission Form**

Please mail this completed form and your submission to the Archival Center, 71 Mt. Vernon St, Winchester, MA 01890.

**Name:** \_\_\_\_\_

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

**What is your preferred name if different from above? You may also choose to be anonymous.**

\_\_\_\_\_

**What types of materials are you submitting?**

- Photographs
- Video
- Audio
- Text
- Other \_\_\_\_\_

**Describe the items that you are submitting or explain the story behind it. If your works include images of people, please give their names if possible.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**On what dates were these items created? Approximation is fine.**

\_\_\_\_\_

**Where were these items created? Approximation is fine.**

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**How are you affiliated with Winchester? Select all that apply:**

- Resident
- Employee or owner of a local business
- Employee of a local organization
- Employee of the town of Winchester, MA
- Other \_\_\_\_\_

**Are you 18 years old or older? (Parents/caregivers may submit for those under 18.)**

- Yes
- No

**Creator Acknowledgment**

Are you the sole creator of these materials?

- Yes
- No

If you are not the sole creator, please list the names of the content co-creators, their contact information, and the circumstances of how you came to have the materials. Co-creators could include any person interviewed for the materials, as well as a co-writer or other person who contributed creatively or intellectually to the materials.

**IMPORTANT:** Each co-creator must fill out this form in order for the item to be accepted by the archives. However, only one co-creator is required to upload the file.

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**Does your submission include personal health information about either yourself or other identified individuals?**

- Yes
- No

**If yes, please read the following statement and check to agree.**

I understand and agree that the submitted material may contain sensitive personal information about me, including personal health information, and that this information may be archived and shared as described above. I agree not to include personally identifiable information concerning another person or persons, or information that could allow a third party to identify other people. This includes their personal health information.

- I agree

### **Submission Agreement**

**Please read the following statement and check to agree.**

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- I agree