



Archie Washak Memorial Oral History Collection

Veteran Contributor Questionnaire

Name: _____

Address: _____

City, State & Zip: _____

Email: _____

Phone: _____

Preferred method of contact: Call _____ Email _____ Text _____

Any times of day/night in which you prefer we DO NOT contact you? _____

Branch of Service: _____ Service Dates: _____

Places you were stationed: _____

What type of role did you have? Combat, policing, humanitarian, support roles, etc?

Preferred Interview Method:

Phone calls, which will be recorded _____

Series of written correspondence (email, letters, etc) _____

Video recordings/webex _____

In person conversations _____

Are there any topics which you would consider "off limits"? _____

Are you willing to have your name attached to your story in the archive, or would you rather remain anonymous? _____

Are you open to working with a student interviewer? Yes / No

Please email your completed form to: operationhonor18@gmail.com

or mail to:

Operation Honor
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Medina, NY 14103