

Brandon Training School Oral History Project Authorization Agreement

BTS Oral History Project: We are asking you to be part of a project co-sponsored by the Vermont Department of Disabilities, Aging and Independent Living and the Vermont Folklife Center to learn about the life experiences of people who lived and worked at the Brandon Training School.

1. What are we trying to find out?

- What your life/work was like at the Brandon Training School
- What your life/work is like now

2. What are we asking you to do?

- Tell your story
- Let us use a recorder when you are talking
- Let us take your picture

3. Are there good things that could happen when you talk to us?

Telling your story might:

- Help other people learn from your experiences
- Help you feel better
- Help others find out what works best for people with disabilities

4. Are there uncomfortable things that could happen when you talk to us?

You could:

- Be reminded of painful events from the past
- Get upset or feel sad or embarrassed
- Have people who you don't know hear your story

5. Can you stop or leave the interview?

- You will be interviewed only if you want to be.
- You are free to end the interview and leave at any time.
- You can ask the interviewer to turn off the recorder at any time. The recorder will not be turned back on until you say it is okay to do so.
- You can take as many breaks as you need.

6. Do you have to answer every question?

- You can refuse to answer any questions.

7. What will happen with your picture and the recording of your interview?

- You will receive a copy of the recording of your interview and picture of you.
- A copy will be kept at the Vermont Folklife Center in Middlebury, VT
- A copy will also be kept at the State of Vermont—Department of Disabilities, Aging and Independent Living.
- Your story will be protected and used for educational exhibit, publication, broadcast and research purposes only.

8. Can I change my mind after I answer the questions?

- You can decide that you do not want all or part of your interview to be shared.
- Any part of the interview will be deleted at your request.
- The entire interview will be deleted at your request.

9. If you decide to be interviewed you have rights.

- We must get your written permission to show that you know your rights.
- If you sign this authorization form, it means that you have read or have had read to you this form.

10. If you have any further questions about the project—please contact:

June Bascom, Developmental Disabilities Services Division, DAIL, State of VT

Address: 103 South Main Street, Waterbury, VT 05671-1601

Phone: 802-871-3050 or 802-871-3065

Email: june.bascom@state.vt.us

AUTHORIZATION FORM

Name of Person Being Interviewed

Name of Legal Representative of Person Being Interviewed (if any)

By signing this form, I understand:

1. The reason(s) I am being asked to sign this Authorization Form.
2. I have a right to know about the Brandon Training School Oral History Project (“the Project”).
3. I have a right to make decisions about being interviewed and having my photograph taken.
4. I am consenting to participate in the Project, which includes being interviewed and having my photograph taken.
5. I am consenting to have my interview and photograph(s) become part of the archives at the Vermont Folklife Center and the Vermont Department of Disability, Aging and Independent Living (“DAIL”).
6. I am authorizing the Vermont Folklife Center Archivist and DAIL to share my interview and photograph(s) with researchers and the public for scholarly and educational purposes.
7. I may revoke this authorization at any time by contacting the Archivist at the Vermont Folklife Center at 802-388-4964, except to the extent that it has been acted upon.
8. This authorization will remain in effect until such time as I revoke or amend it.
9. I will be provided a copy of this form.

Signature of Person Being Interviewed or
Legal Representative (if any)

Date

Signature of Person Explaining Authorization

Date

Name of Person Explaining Authorization

Organization/Position

Contact Information (please print): What is the best way to get in touch with the person being interviewed or other contact person?

Name: _____

Address: _____

Phone number(s): _____

Email Address: _____

For office use:

Collection Name:

Collection #:

File Uploaded:

Transcription Copy:

Digital Transcript Filed:

Accession #:

Data CD-R:

Transcript Out:

Transcripts Printed:

Informant Copy:

Transcript In:

Transcripts Filed: