

U.S. ARMY WOMEN'S FOUNDATION

P.O. Box 5030, FORT LEE, VIRGINIA 23801



TELL YOUR STORY

Let us know about YOUR Army service! The "Tell Your Story" program is evolving, but we want to take advantage of your interest NOW. To respond, please fill in the form below with your answers. You can send it to: U.S. Army Women's Foundation, PO BOX 5030, Fort Lee, VA 23801. If there are other things you'd like to talk about please send an email to tellyourstory@awfdn.org or include additional pages with the information you would like to share. Be sure to include the statement giving us permission to use your story.

Who are you (what's your name)?

What's your present rank? If no longer on active duty, or no longer in the NG/Reserves, what was your highest rank held?

How did you come to join the Army?

Do you have other female family members who have served in the military? If yes, please tell us about them.

When did you enlist, or, if commissioned, when were you commissioned?

What is your Army specialty? (please describe, e.g.: combat medic, attack helicopter pilot, intelligence analyst, etc.)

What Army schools have you attended? Also include civilian schooling if you wish.

Where are you serving now? (unit and location)

Where have you served previously, or, if you are no longer on active duty, where did you serve? (unit and location)

Have you served overseas in the past, or are you serving overseas now? If so, where and when?

What is the funniest thing that has happened to you in the Army?

What has been especially challenging?

Have you been in a combat situation? If yes, please describe.

Are there systemic obstacles that affect your ability to do your job? If you are no longer on active duty, were there issues that made your job more difficult? (These might include uniforms that weren't suitable for your duties, restrictions on assignments, etc.)

What does your Army service mean to you?

If no longer on active duty, what impact has your Army service had on "the rest of your life?"

Have you ever visited the US Army Women's Museum at Fort Lee, VA? YES NO

Would you be willing to answer a more detailed questionnaire? YES NO

Would you be willing to participate in an oral history interview? YES NO

Do you have photos of yourself and/or your service activities that you would like to include? YES NO

What else would you like to add?

Finally, please include the following statement: I _____
name
give my permission to use my story and my picture or pictures, as applicable, on
the U.S. Army Women's Foundation or U.S. Army Women's Museum web sites.

mailing address

Signature: _____

Today's date: _____