

Documenting the COVID-19 Pandemic in Missouri

The State Historical Society of Missouri (SHSMO) invites you to share your pandemic experience with us. As a community, we are all going through this pandemic together. Individually, however, the health crisis has affected each of us differently. We all have unique stories to share. **Please consider telling us your story** in an effort to document for future generations the impact a worldwide pandemic has had on both your community and on you as an individual. Your story and observation are important.

We are looking for materials that document your experience in self-isolation/quarantine, working essential jobs, working from home, homeschooling, and your personal medical experiences during this time. How has your life changed during the pandemic?

Submissions can be in the following forms:

- Writings (journal and diary entries, reflective essays, emails, letters, etc.)
- Responses to writing prompts
- Photos, images, and memes
- Audio (oral histories, voice memos, etc.)
- Videos
- Artwork
- Any other materials that document your experience

Writing Prompts

We have developed some writing prompts for you to use, though you are not required to use these. They are provided as a tool to help you get started.

- When did you first hear about COVID-19?
- Where do you primarily get your information about local, state, national, and global events? Newspaper, television, internet, social media? Be specific.
- Have you or anyone you know been directly impacted by COVID-19? (i.e. healthcare worker, first responder, grocery store/food service/package delivery/other essential employee, quarantined for symptoms, hospitalized)
- How have/did your day-to-day activities change(d) due to illness, stay-at-home orders, work from home, school/daycare closure?
- Have you or someone you know been furloughed/lost your (their) job due to economic conditions brought on by COVID-19?
- Have your opinions of COVID-19 changed over the course of the pandemic?
- How do you feel about the response of government officials (local, state, federal) to address issues connected with COVID-19?
- What observations have you noticed in your community during the pandemic?
- How has life changed for you, including the positive and negative?
- What are your fears and hopes in looking to the future post-pandemic?

Submitting Physical Materials

Send a completed version of the form on the next page along with a hard copy of your materials to:

COVID-19 Pandemic in Missouri Project
Center for Missouri Studies
The State Historical Society of Missouri
605 Elm Street
Columbia, MO 65201

Submitting Digital Materials

Digital materials can be submitted online at <https://shsmo.org/collections/covid>

Submission to the SHSMO COVID-19 Pandemic in Missouri Project

* Required

Contributor Information

Contributor's full name (first, middle, and last) *

Preferred form (if different from above)

Contact information *

Please include at least 2 methods of contact.

Email

Phone number

Address

Who is the creator of these materials? *

List all names and include contact details (email, phone number) for anyone other than yourself.

About your contribution *

What type(s) of content are you donating?

- Photos
- Video
- Audio
- Text
- Other (please describe below)

Description *

Please tell us about your contribution, including locations, events, dates, and names of people included (if known). These details will help future researchers understand the context of the material.

Identification and Anonymity *

Do you agree to have your name associated with your donation, or would you like to remain anonymous?

- SHSMO can use my name
- I wish to remain anonymous

Access Restrictions *

Do you agree to immediate unrestricted access to your donation, or would you prefer the material be restricted in some way? If you prefer restrictions, SHSMO archives staff will contact you directly.

- Materials I submit can be made available immediately without restrictions
- Do not make my materials available immediately (I would like to discuss restriction options with archives staff)

Submission Agreement *

I hereby certify that I created, and own the copyright in, the submitted material. While I will continue to retain my copyright, I hereby grant to the State Historical Society of Missouri a license to add the material to its archival collections and preserve it for future generations of students, scholars, and researchers. I give the State Historical Society of

Missouri permission to organize the materials according to accepted archival principles; to create metadata, finding aids, and full-text search interfaces required for the preservation and discovery of the materials; to make the materials accessible to researchers and staff; and to use the materials in exhibits, publications, and broadcasts, both physical and online. I agree that the State Historical Society of Missouri may make this material available online under a Creative Commons Attribution 4.0 license (<https://creativecommons.org/licenses/by/4.0/>), which will allow others to share and adapt the material, as long as I am given appropriate credit.

Acknowledgment of Persons Featured *

I acknowledge that any and all people featured in the materials have granted me their permission to record or photograph them and submit the files to SHSMO for inclusion in its manuscript collection.

Personal Health Information Agreement *

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 of (or information that could allow a third party to identify) any others.

SHSMO Right to Reject Submission

SHSMO reserves the right to reject any submission—or any component of a submission—for any reason. Rejected submissions will not be added to SHSMO's Manuscript Collection.

Sign below to indicate that you have read and agree to abide by the terms above. *

Signature

Date

Permission for a Child (under 18 years) to participate in the SHSMO collection.

As parent or legal guardian, I authorize _____ (child's name) to become a participant in the **Documenting the COVID-19 Pandemic in Missouri Project** described in this form.

Child's Date of Birth:

Signature

Date