

Shoreline Historical Museum
PERSONAL STORIES OF THE PANDEMIC 2020

YOUR NAME _____ TODAY'S DATE _____

CURRENT ADDRESS _____

PHONE NUMBER _____

E-MAIL _____

What challenges and/or changes have you faced because of the coronavirus pandemic? (use the back, or an additional sheet, for more space):

What help have you given, or received, during the pandemic?

What response(s) to the pandemic have you had or felt, and what has surprised you about your own, and/or the community's response to the pandemic?

(over➔)

What thoughts do you have, if any, about physical distancing protocols (masks, gloves, 6-foot rule, no visitors etc) and closures of businesses, schools, places, and spaces where people habitually gather? What do you miss doing, if anything?

What do you want people in the future to know about this time of pandemic?

Additional comments, stories, reactions, and or continuation of first page answers (attach your own sheet, if necessary):

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Signed _____ Date _____

Return form to:

Shoreline Historical Museum P.O. Box 55594, Shoreline, WA 98155

or by e-mail to shm@shorelinehistoricalmuseum.org

or in person to: Shoreline Historical Museum, 18501 Linden Ave. N., Shoreline, WA 98133
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