

## WoVeN Reflections

Please take the next few minutes to describe your experiences in WoVeN. Consider the following questions as you write:

- ✦ What has it meant to be part of a group of women Veterans?
- ✦ What are the most important things you'll be taking away from the group?
- ✦ Today is the last meeting for your WoVeN group. What are your hopes for you and your fellow group members moving forward?
- ✦ Did you face any unexpected challenges along the way?

## Passing the Torch

- ✦ What might you tell a woman Veteran who is considering joining WoVeN?



## Photo/Audio/Video and Written/Spoken Content Release

This document should be initialed and signed by all group members at the first meeting.  
Please mail signed copies to the address below or email to [contact@wovenwomenvets.org](mailto:contact@wovenwomenvets.org).

Women Veterans Network  
Attn: Tara Galovski  
150 S. Huntington Ave.  
Boston, MA 02130

### Statement of Informed Consent

I understand that the WoVeN program and Boston University School of Medicine and/or its members have asked my permission to make appropriate use of my photo/audio/video documentation and written/spoken content on the WoVeN website and other promotional materials.

It is understood that the WoVeN program and BU School of Medicine will exercise good judgment and high standards of ethics in putting this material to use.

By initialing below, I hereby **agree** that my:  
\_\_\_\_ photograph / audio / video documentation  
\_\_\_\_ written / spoken content

can be put to the above use by the WoVeN program and BU School of Medicine.

\_\_\_\_\_  
Print Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Witness Signature Date

**OR**

By initialing below, I hereby **do not consent** to the distribution of:  
\_\_\_\_ photograph / audio / video documentation  
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