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(Signature)

(Date)

Vice President

(Title)

EPA Alumni Association
Participant Deed of Gift

THE EPA ALUMNI ASSOCIATION
History Program

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Agreement
I have read the information contained in this document. I hereby voluntarily consent to participate in this history program under these terms and conditions.

(Signature) A. Canter
(Street Address) 4400 Maplewood Park Court
(Printed Name) Dorothy Canter
(City, State, Zip) Bethesda, MD 20814
(Date) 06/13/2015
(Telephone/Email) dorothy@dorothycanterconsult.com
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Agreement
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(Signature)  Matt Gillen
Participant’s Name

(Printed Name)  MATT GILLEN

(Street Address)  5313 TUSCARAWAS RD

(City, State, Zip)  BETHESDA, MD 20816

(Date)  6/20/15

(Telephone/Email)  M7GILLEN@VERIZON.NET  301-229-7384
Participant Deed of Gift

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(Signature) ________________________________ (Street Address) 12 Howard Rd
(Printed Name) Robert H. Klerks oo (City, State, Zip) Havertown, PA 19083
(Date) 6-23-15 (Telephone/Email) 610-888-9452
Participant Deed of Gift

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(Signature)  
Participant’s Name

(Printed Name)  KEVIN L Heym

(Street Address)  1085 Wood Lane

(City, State, Zip)  West Chester, PA 19382

(Date)  6/29/15

(Telephone/Email)  (267) 288-7167  Kevin.Heym@upenn.edu
Participant Deed of Gift

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(Signature)   Jack Kelly
              Participant’s Name

(Printed Name) Jack Kelly
              (AKA John E)

(Street Address) 315 West Mt. Vernon Ave

(City, State, Zip) Haddonfield, NJ 08033

(Date)    7/5/15

(Telephone/Email) 215-814-6892
                   kelly.jack@epa.gov
Participant Deed of Gift

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(Signature)  
Participants Name

(Street Address)  4617 16th St. N.

(Printed Name)  Carlisle Keoplast (City, State, Zip)  Arlington, VA 22207 2007

(Date)  6/15/15  
(Telephone/Email)  jeff.keoplast@gmail.com
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(Signature) ________________   (Street Address) 437 Stella Drive
Participant’s Name

(Printed Name) Richard Rupert

(City, State, Zip) Hockessin, DE 19707

(Date) August 1, 2015   (Telephone/Email) richrupert@aol.com
Participant Deed of Gift

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Neither I nor the EPA AA will receive any direct financial benefit from my participation. I understand that there is no cost to participate in this interview, and I will not be paid for my time. However, I am fully aware that third parties might somehow benefit from the knowledge I provide. I further understand that participation in this program provides no protection from allegations by third parties of defamation or similar damages nor are the products of my participation protected from subpoena in any court proceedings.
Participant Deed of Gift

THE EPA ALUMNI ASSOCIATION
History Program

My Rights and Obligations
My participation in this program is completely voluntary, and I am free to cease all participation in this program at any time. I understand that I have the right not to answer any questions asked of me during any interview. I agree that if I should die or become incapacitated before I have responded to any review requested of me of the products of my participation, my legal representative shall be given the opportunity to listen/view the products, and may ask that portions be removed. If my legal representative does not respond within two (2) months, I grant permission for EPA AA to complete the processing of these products and make them available in accordance with the EPA AA’s History Program’s normal practices.

Agreement
I have read the information contained in this document. I hereby voluntarily consent to participate in this history program under these terms and conditions.

(Signature) [Signature]
Participant’s Name

(Printed Name) [Printed Name]

(Street Address) 1658 Amn St

(City, State, Zip) [City, State, Zip] PA 19105

(Date) 2/23/15

(Telephone/Email) Tomoe Michael @ epa.gov
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The History Program of the EPA Alumni Association (EPA AA) aims to preserve the history of the U.S. Environmental Protection Agency (EPA), including specific decisions and events, through the recollections of those who have participated in these programs, decisions and events and their subsequent study or research. EPA AA’s mission in this regard is to ensure that current and future generations of scholars, researchers, EPA employees, and interested members of the public are able to understand these programs, decisions, and events from the perspectives of the women and men intimately involved in them.

I the undersigned have agreed to participate in this EPA AA History Program as a contributor, either as an interviewer, an interviewee, or by means of my own research and/or writing or other communication. I understand that in order for the Association to make these products of my participation available freely to the research community and to the public, it is necessary for me to convey my copyright to the Association. I also understand that this document is intended to inform me in totality of what I am being asked to do and of my rights, that I should read it carefully, and that if I have any questions regarding its terms and conditions, I should ask any questions I might have before signing it. Questions can be directed to Charles Elkins, Executive Director of the EPA Alumni Association or his representative, 628 Chester River Beach Road, Grasonville, MD 21638 (Telephone 202-686-3518; Email: EPAalumni@aol.com)

Deed of Gift

I, the undersigned, do herewith permanently donate, convey and transfer to the EPA Alumni Association the products of my participation in the Association’s history program (including interview(s), original written material, or other contributions which I have created or own). In making this gift of legal title and all literary property rights, I understand that I am conveying all right, title, and interest in copyright to the Association. In return, the Association grants me and my heirs a nonexclusive license to use these same products in whatever way I see fit. I also agree that my name, voice and/or likeness may be used to promote the history program of the EPA AA.

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(Signature)  

(Street Address) 1529 CHELSEA DRIVE

(Printed Name) THOMAS C. VOLKHAUS  

(City, State, Zip)  TERRY HILL, NJ 08880

(Date) 6/15/15

(Telephone/Email) TOM@VOLKHAUS.NET
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Agreement
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(Signature) Xin Wang
Participant’s Name

(Street Address) 123 S 29th st Apt B6

(Printed Name) Xin Wang

(City,State,Zip) Philadelphia

(Date) 06/13/2015

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