

# GGNRA Museum Program Oral History Contact Questionnaire

## 50<sup>th</sup> Birthday Project

Thank you for your interest in the GGNRA's 50th Birthday Oral History Project, which seeks to capture the memories and experiences of the people who worked, partnered, or volunteered with the GGNRA. To help us plan an interview, please complete the form as much as possible (not every section may apply). If you have questions contact us at 415-561-2807.

### **Contact Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Experience & Background**

Relationship with the GGNRA (park area, project, partner, organization, experience, event):

Have you ever been interviewed about your recollections (if yes by whom)?

Employment (Division/Organization/Area/Position):

When & Where:

Basic Duties:

Significant Projects or Experiences:

Best Memory:

Worst Memory:

## **Accompanying Materials**

Do you have photographs, records, or other materials that may contribute to the park's history? If so, what are they?

Might you be willing to donate these items to the National Park Service?

## **Suggestions for other Oral History Candidates**

Name: \_\_\_\_\_

Association: \_\_\_\_\_

Contact Information: \_\_\_\_\_