

# STORYCORPS

## PARTICIPANT DATA SHEET

StoryCorps collects information from every participant to ensure that our archive fully represents people of all backgrounds. For children 13 years old or under, this Data Sheet must be completed by a parent or legal guardian of the child. All information you provide under this form is completely optional and will be subject to StoryCorps Privacy Policy. (<https://archive.storycorps.org/privacy-policy/>)

## PERSONAL INFORMATION

Relationship: I am my interview partner's \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_

E-mail:

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
month    day    year

## DEMOGRAPHIC SURVEY

Race/Ethnicity: *(check all that apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino/Latina | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian           | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Black/African American           | or Other Pacific Islander                          | <i>(please specify)</i>                  |

We encourage you to use this space to describe your identity in your own words:

---

---

---

---

### STORYCORPS USE ONLY *(do not write in this section)*

Initiatives:

- Griot     Military Voices     Historias     OutLoud     September 11th     Memory Loss

Date of Interview: \_\_\_\_\_ Time of Interview: \_\_\_\_\_ Location of Interview: \_\_\_\_\_ Facilitator: \_\_\_\_\_