I Remember Yosemite…

Yosemite Oral History Project Biographical Information Form

Full Name: _____

Maiden Name: _____

Spouse: _____

Children: _____

Address: _____

_____

Telephone: _____

E-mail: _____

Date of Birth: _____

Place of Birth: _____

General Health: _____

Brief description of your association with Yosemite National Park:

_____

_____

_____

Positions you held in Yosemite:

Held from: _____ to _____

Position:

Held from: _____to _____

Significant Work-Related Projects: _____

_____

_____

Residences in Yosemite: _____

_____

_____

Community Participation (i.e. social activities, religious and other community organizations): _____

_____

_____

Circumstances under which you left Yosemite National Park:

_____

_____

_____

Additional Information:

Suggestions for other Oral History Candidates:

Name: _____

Association with Yosemite: _____

_____

Contact Information: _____

_____

Mail form to: Yosemite Archives, P.O. Box 700-W, El Portal, CA 95318

E-mail form to: paul_rogers@nps.gov