



**Library & Instructional Technology Center
Special Collections
Community Member Survey**

(Please write on the back or attach paper for additional space)

Name: _____

Address: _____

City/State/Zip: _____

Phone number: (____) _____

1. Please describe your childhood and adolescence. This information can include year and place of birth, family life and stories, information about residence, community, school activities, extracurricular activities, etc.

2. Please describe your community; its physical, social and cultural characteristics.

3. If you worked in the region at any time, please describe your workplace, responsibilities and experiences.

4. Please share any personal stories below. Did you ever marry or have children? What are some of your most vivid memories?

5. How has the area changed over time? Please share any other stories or memories you feel are relevant.

6. Please share advice or any “words of wisdom” for future generations.

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Restrictions to the above:

Your signature: _____ Date: _____

**Please Mail Surveys to:
Special Collections
GCSU LITC
CBX 043
Milledgeville, GA 3106**

Thank you for your assistance!