

Willowbrook Documentation Project
Survey Form
Personal Information

YOUR NAME

DATE

ORGANIZATION NAME (IF APPLICABLE)

MAILING ADDRESS (INDICATE WHETHER HOME OR WORK)

TELEPHONE NUMBERS/EMAIL

HOME	FAX
OFFICE	OTHER
CELL	EMAIL ADDRESS

NATURE OF YOUR ASSOCIATION WITH WILLOWBROOK (PARENT, DIRECT CARE STAFF, ETC.)

DO YOU HAVE ANY MATERIAL RELATING TO WILLOWBROOK? (IF YES, PLEASE DESCRIBE ON PAGE 2, "DESCRIPTION OF MATERIALS" FORM)

IF YES, WOULD YOU CONSIDER DONATING THIS MATERIAL TO THE WILLOWBROOK COLLECTION AT THE ARCHIVES AND SPECIAL COLLECTIONS DEPARTMENT OF THE COLLEGE OF STATEN ISLAND LIBRARY?

WOULD YOU BE INTERESTED IN BEING INTERVIEWED AS PART OF AN ORAL HISTORY PROJECT FOR THE WILLOWBROOK COLLECTION?

ADDITIONAL COMMENTS

FRIENDS/COLLEAGUES/FAMILY MEMBERS/ACQUAINTANCES WHO MAY ALSO HAVE MATERIAL AND/OR BE WILLING TO PARTICIPATE IN ORAL HISTORY PROJECT (NAMES AND CONTACT INFORMATION).

Archives and Special Collections – College of Staten Island – The City University of New York
2800 Victory Boulevard – Building 1L-216 – Staten Island, NY 10314
Telephone: 718.982.4128 – Fax: 718.982.4127 – Email: archives@mail.csi.cuny.edu

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Description of Materials

CONTACT NAME

ORGANIZATION NAME (IF APPLICABLE)

TYPES OF MATERIAL (E.G. CORRESPONDENCE, DIARIES, MEDICAL RECORDS, LEGAL PAPERS, FLYERS, MAILING LISTS, SCRAPBOOKS, PHOTOGRAPHS, ETC.)

APPROXIMATE DATES OF MATERIAL:

QUANTITY OF MATERIAL (FOR EXAMPLE, NUMBER AND SIZES OF BOXES, FILE DRAWERS OR CABINETS, FOLDERS, OR ANY OTHER UNITS OF MEASUREMENT).

LOCATION OF MATERIAL, IF DIFFERENT FROM PAGE 1:

PHYSICAL CONDITION OF MATERIAL (NOTE ESPECIALLY IF MOLDY, DAMP OR INFESTED):

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