



girl scouts
river valleys

**ORAL HISTORY APPLICATION
GIRLS IN GRADES 8-12**

Name: _____

Address: _____

Day Phone: _____

City/State/ZIP: _____

Evening Phone: _____

E-mail Address: _____

Cell Phone: _____

Best way to contact you phone or e-mail

Troop # _____ OR Juliette Age _____ Graduation year: _____

School: _____ City of school: _____

Why are you interested in this Girl Scout oral history project? How does this support your future goals?

Is there a place in or near your community that has a recording studio or designated place where you could go and tape this interview (college/university, technology campus, high school, local business with a studio, cable TV station, public access, etc.)?

What three questions would you want to ask someone in order to capture her story?

1.

2.

3.



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What do you think younger girls would like to learn from these women?

How could you help younger girls complete local oral history interviews on their own?

Thinking about the 100th anniversary of Girl Scouts, why are these stories important to share?

Do you have experience shooting and/or editing video? If so, please share your experience.

Training will be provided and will include web-based support materials.

I agree to complete the training and interview before December 31, 2011. I also approve the use of the video for all Girl Scout-related promotional purposes.

Girl and parent/guardian signatures: _____ Date: _____

_____ Date: _____