



P.O. Box 541, Mountain City, GA 30562-0541
PH: 706.746.5828 | FX: 706.746.5829
www.foxfire.org | foxfire@foxfire.org

PRESERVING APPALACHIAN CULTURE SINCE 1966

Appalachian Women Oral History Project

Additional Information (Optional)

While this form is optional, we highly encourage you to complete it to the best of your ability. The information provided on this sheet will not be publicly accessible, but provides us with enough information to generate metadata for your oral history. Please share as much or as little as you are comfortable with.

Name: _____

Residence (city, state): _____

Age: _____

Ethnicity: _____

Gender: _____

Occupation: _____

of years at current residence: _____

Previous residence (city, state): _____

of members in household: _____