NARRATOR RECOMMENDATION FORM	OH#_____
PROJECT NAME: Chinese American Oral History Project	
NARRATOR'S NAME:	**CONTACT Phone: _____** **Email _____**
PLACE OF RESIDENCE (City/Neighborhood): **GENDER: F M Other**	**YEAR OF BIRTH:**

Biographical Categories (Check all that apply):

___Born prior to 1926: part of the World War II generation

___Born 1927 to 1944; part of the Korean War generation

___Born 1945 to 1960; baby boomer generation

___Lived in the greater Los Angeles area

___Lived in San Gabriel Valley

___Knowledge of Asian American neighborhoods

___Asian organization or community activities

___Veteran

___Cultural Background (ex: Chinese, Hmong, Vietnamese):

___Other: (describe)

Please circle the best day(s) of the week and list time(s) available for interview.

MON TUES WED THUR FRI SAT SUN

RECOMMENDED BY (Print Name): First _____ Last _____

CONTACT: Phone _____

Date: Time: Location:	Language Preference: