

CUNY DOMINICAN STUDIES INSTITUTE  
DOMINICAN ARCHIVES  
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**ARCHIVES DONOR INTERVIEW FORM**

**1. Name:**

**2. Organization:**

**3. Telephone:**

**Fax:**

**Email Address:**

**4. Address:**

**5. Date Entered the United States:**

**City and State:**

**6. Place and Date of Birth:**

**7. Initial Experience:**

**8. Your Initial Reaction:**

**9. Education:**

**10. Employment Experience:**

**10. Participation in Community/Civic Activities:**

**11. Major Accomplishments:**

**12. Survey Archivist:**

**Date:**

**13. Chief Archivist:**

**Date:**