

Group History Collection Form

Group Info		Collection Details	
Name:		Interviewer	
Address:		Interviewee	
City:		Contact Info:	
First Meeting		Date Collected:	
Meeting times		Permission to use name?	Yes No
Type of Meeting		Phone	
Additional notes:			
		Photo obtained?	Yes No
		*Photo sent by: (jpeg file preferred)	Email * File name: _____

Background

1. How long has your group been meeting?
2. When did you first register with GSO?
3. How many people attend your meetings?: _____
 - Daily
 - Weekly
 - Monthly
4. Are all of your service positions filled?
 - Key holder
 - Secretary
 - Coffee Maker
 - GSR
 - Other District Positions

Group Data

First Meeting:

Group Members: -

Activities:
