

Documentation Survey Form  
 E-J Health Reform Documentation Project  
 The Goodwill Theatre, Inc.

**1. Records created by:**

Name of Individual or Organization:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Name of contact person:		
Hours open to the public:		

**2. Mission of organization or repository:**

**3. Working title of group of records (what your organization calls them):**

**4. Quantity of records or manuscripts (in cubic feet - refer to equivalents table):** \_\_\_\_\_

**5. Inclusive dates of files From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**6. Type of material:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Audio Recordings       | <input type="checkbox"/> Memorabilia          | <input type="checkbox"/> Publications  |
| <input type="checkbox"/> Correspondence/Letters | <input type="checkbox"/> Minutes              | <input type="checkbox"/> Reports       |
| <input type="checkbox"/> Diaries/Manuscripts    | <input type="checkbox"/> Movie Film/Videotape | <input type="checkbox"/> Scrapbooks    |
| <input type="checkbox"/> Financial Records      | <input type="checkbox"/> Newsletters          | <input type="checkbox"/> Subject Files |
| <input type="checkbox"/> Legal Documents        | <input type="checkbox"/> Photographs          |  |
| <input type="checkbox"/> Press releases         | <input type="checkbox"/> Press Releases       |  |
| <input type="checkbox"/> Maps/Drawings          |   |  |

Other \_\_\_\_\_

**7. Arrangement of Material:**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Alphabetical      | <input type="checkbox"/> Chronological | <input type="checkbox"/> Numerical |
| <input type="checkbox"/> Topical (Subject) | <input type="checkbox"/> Other         |                                    |

**8.** Condition of records:

**9.** Why were these records created?

**10.** Describe the scope and contents of the records:

**11.** Describe the access to the records:

Are any materials confidential?  Yes  No

Are there any restrictions on access to any of the records?  Yes  No

If so, what are these restrictions?

**12.** List individuals who are familiar with the records or who may know how to locate missing material:

**13.** Are you interested in transferring records to an appropriate historical records repository?  Yes  No

If no, would you give permission to make information about these records available to the public online?  
 Yes  No

**14.** Best time to contact again is: \_\_\_\_\_

**15.** Additional notes or comments: