Pre-Camp Survey

*Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Camp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Hello Campers!*  Please take a few minutes to fill out this short questionnaire. Your participation is necessary to help us improve camps. All of your answers are confidential. Thank you!

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Camper Information*** |  | | | | | |
| **What grade will you be in this fall?** | 🞏 9th Grade | 🞏 10th Grade | 🞏 11th Grade | | 🞏 12th Grade | 🞏 Post High |
| **Ethnic Background** | 🞏 American Indian/Alaskan Native 🞏 Hispanic/Latino/Spanish  🞏 Asian/Asian American 🞏 Native Hawaiian/Other Pacific Island  🞏 Black/African American 🞏 White/Caucasian  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **How did you hear about this camp?**  *(Choose ALL that apply)* | 🞏 Friend 🞏 Teacher  🞏 School Counselor 🞏 Website  🞏 Parent 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Newspaper | | | | | |
| **Have you attended a camp in the past?** | 🞏 Yes  Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 🞏 No | | |
| **Why did you want to attend this camp?** | 🞏 A friend signed up and wanted me too as well  🞏 My parents thought it was a good idea  🞏 I’m interested in a health career  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **What do you hope to learn from attending this camp?** | 🞏 Learn more about a specific career  🞏 Discover what I want to do for my future  🞏 Prepare for college  🞏 Interested in medical field  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **What is your biggest concern, or worry, about camp?** | 🞏 Being away from home 🞏 Not being smart enough  🞏 Not knowing anyone 🞏 Meeting new people  🞏 Homesickness 🞏 Getting lost  🞏 Staying in a dorm 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **What would help ease your concern?** |  | | | | | |

**Please turn over page to complete survey!**

|  |  |  |
| --- | --- | --- |
| ***Academics*** |  | |
|  | **Yes** | **No** |
| **I am motivated to do well in school** |  |  |
| **I plan on attending a *two* year college** |  |  |
| **I plan on attending a *four* year college** |  |  |
| **I will be the first in my family to attend college** |  |  |
| **I qualify for free/reduced lunches at school** |  |  |
| **For overnight camps only: This is my first time staying away from home for an extended time without my family** |  |  |

What is your grade point average (GPA)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPTIONAL: We would like to be able to reach you in the future to see how you are doing and how this camp helped you plan for your future. What would be the best way to contact you?   
(*Fill in any option that works well for you.)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail (provide address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (provide email address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: 🞏 Landline 🞏 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_

Month Day Year