

THE FUN BUNCH GROUP QUESTIONNAIRE

DATE _____

NAME:

ADDRESS:

HOME PHONE NUMBER:

WORK PHONE NUMBER:

CELL PHONE NUMBER:

E-MAIL ADDRESS:

How did you find out about the FUN BUNCH?

What are some of your hobbies?

What activities would you like to participate in?

What discussion topics would you like to have discussed?

Would you want your information published in the FUN BUNCH ADDRESS BOOK?

What is the nature of them?

List any limitations due to your disabilities?

Have you ever been convicted of a crime? YES NO

If yes, what was the nature of the crime and sentence of punishment?

SURVEY QUESTIONS

GENDER: male female BIRTHDAY: ___/___/___

EMERGENCY CONTACT INFORMATION

Name of emergency contact person:

Relationship to emergency contact person:

EMERGENCY CONTACT INFORMATION

Name of emergency contact person:

Relationship to emergency contact person:

Name & Phone number of emergency contact person:

Your blood type:

List any allergies that you may have:

Preferred hospital:

List any and all medications that you are taking:

List the dose of any and all medications that you are taking: