

STUDENT ACTIVITIES INTEREST SURVEY

OPTIONAL SURVEY

PLEASE PRINT ALL INFORMATION

2016-17

Student Name: _____
Last First M.I.

Anticipating that you will have a busy class schedule, work schedule, and/or personal agenda, please indicate the activities in which you are most likely to participate. Check as many as appropriate for your anticipated level of participation in campus events.

A. I WOULD MOST LIKELY PARTICIPATE IN OR JOIN:

Intramural sports:

- | | | | |
|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Table tennis | <input type="checkbox"/> Disc golf |
| <input type="checkbox"/> 3 on 3 Basketball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Dodgeball | <input type="checkbox"/> Flag football |
| <input type="checkbox"/> Baseball/softball | <input type="checkbox"/> Floor hockey | <input type="checkbox"/> Pool | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Kickball | |

Recreational activities:

- | | | | |
|--------------------------------|--|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Zumba | <input type="checkbox"/> Weight training | <input type="checkbox"/> Self-defense | <input type="checkbox"/> Yoga |
|--------------------------------|--|---------------------------------------|-------------------------------|

7. Club associated with your major area of study:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Business & Accounting Association | <input type="checkbox"/> Communications Club | <input type="checkbox"/> Great Expectations (English) | |
| <input type="checkbox"/> Criminal Justice/Forensic Science | <input type="checkbox"/> Human Services Association | <input type="checkbox"/> Sports Alchemy Group | <input type="checkbox"/> Psychology Club |

Existing Clubs/Organizations other than ones associated with your major area of study:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Campus Activities Board | <input type="checkbox"/> Hilbert College Magazine | <input type="checkbox"/> Rugby Speedball | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Cheerleading/Starz | <input type="checkbox"/> Hilbert Helpers | <input type="checkbox"/> SADD Club | <input type="checkbox"/> Student Veterans Assoc. |
| <input type="checkbox"/> Common Ground | <input type="checkbox"/> Hockey Club | <input type="checkbox"/> Sexual Assault & Violence Edu. (SAVE) | <input type="checkbox"/> Track Club |
| <input type="checkbox"/> Delta Alpha Pi | <input type="checkbox"/> Never Miss Dance Team | <input type="checkbox"/> Ski/Snowboard Club | <input type="checkbox"/> Young Life |
| <input type="checkbox"/> Diversity Student Union | <input type="checkbox"/> Residence Assoc. | <input type="checkbox"/> Student Athlete Advisory Committee | |
| <input type="checkbox"/> Franciscan Spirit Club | <input type="checkbox"/> ROTARACT | | |

B. I WOULD MOST LIKELY ATTEND:

Entertainment/Social Events:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Game shows | <input type="checkbox"/> On-campus picnics |
| <input type="checkbox"/> Campus movie night | <input type="checkbox"/> Hypnotist | <input type="checkbox"/> Open Mic Night |
| <input type="checkbox"/> Comedian | <input type="checkbox"/> Laser tag | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> Dance party | <input type="checkbox"/> Magician | <input type="checkbox"/> Trips to an outlet mall |
| <input type="checkbox"/> Ecumenical events | <input type="checkbox"/> Midnight bowling on a weekend | <input type="checkbox"/> Trivia |
| (prayer services or holy days) | <input type="checkbox"/> Multicultural Programs | |

Counseling sponsored workshops:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Self-confidence/self-esteem | <input type="checkbox"/> Setting goals/decision making | <input type="checkbox"/> Test anxiety | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Managing personal finances | <input type="checkbox"/> Abuse (verbal and/or sexual) | <input type="checkbox"/> Al-Anon/AA/ACOA | <input type="checkbox"/> Wellness issues |
| <input type="checkbox"/> Managing stress | <input type="checkbox"/> Anger management | <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Anxiety/ |
| | Depression | | |

What are your interests/hobbies? _____

Please return this survey in the envelope provided or drop it off in person at the Student Life Office on the first floor of Franciscan Hall.

FOR MORE INFORMATION

OFFICE OF STUDENT ACTIVITIES: Tom Vane
(716) 649-7900, ext. 335 • tvane@hilbert.edu

FOR OFFICE USE ONLY

Student ID# _____