



DORM QUESTIONNAIRE: (PLEASE SUBMIT NO LATER THAN MAY 1)

Campers Name _____ Session _____

This form will help in deciding where you will be placed in the dorms.

- ? Do you consider yourself as: Social or Private
- ? Do you consider yourself as: Excitable or Subdued
- ? How many family members do you currently live with (including yourself)? _____
- ? Have you shared a bedroom before? _____
- ? Have you ever lived away from home before? _____
Where? _____ How long? _____
- ? Do you like to keep your room organized or disorganized? _____
- ? Do you like to get up early or stay up late? How early? How late? _____
- ? Are you a light-sleeper or a heavy sleeper? _____
- ? Do you snore? _____
- ? Would you mind sleeping in a bunked bed? _____
- ? What kind of music do you like to listen to? _____
- ? Do you like your music quiet or do you enjoy it loud _____
- ? What do you do with your free time _____
- ? If your roommate is bothering you, what would you do (choose one)
 - Talk to her/him about it
 - Leave your room and take a walk
 - Talk to a dorm parent, advisor or other adult

Please describe any special requests or needs with regard to your living situation that we should know about. _____

Dorm
Questionnaire

