

AJS PARENT SURVEY
2007 – 2008 SEASON

THE AYS Program uses the following information to keep a contact and resource database list so that we can get in touch with you as quickly as possible with important information, reminders and pleas for help on occasion.

PLEASE PRINT CLEARLY!

AYS Program Student Name: _____ Upcoming grade: _____

School: _____ Instrument: _____ Student's E-Mail: _____

Home address: _____
Street address City Zip

Home Phone: _____ Student's Cell phone: _____

Parent 1 Name: _____ E-Mail: _____

Home address: (if different) _____
Street address City Zip

Home Phone: (if different): _____ Cell phone: _____

Company: _____ Job Title: _____ Wk phone: _____

Parent 2 Name: _____ E-Mail: _____

Home address: (if different) _____
Street address City Zip

Home Phone: (if different): _____ Cell phone: _____

Company: _____ Job Title: _____ Wk phone: _____

Please describe any special skills or expertise you have that might help the AYS Program:

Do you have any interest in volunteering for any of the following:

- | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Consistent (weekly/monthly) office help (during the weekday) | | |
| <input type="checkbox"/> Telephone tree | <input type="checkbox"/> Mailings | <input type="checkbox"/> Orchestra support (attendance, chair set-up, etc.) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Playathon | <input type="checkbox"/> Grant writing assistance |
| <input type="checkbox"/> Corporate Sponsorships | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Anywhere you need help |
| <input type="checkbox"/> CD Sales | <input type="checkbox"/> Special Event Support | |

OPTIONAL: the following information about the student will be used for statistical purposes only (for grant proposals) and will not affect your selection for any AYS Program orchestra.

A. STUDENT'S GENDER Female Male

B. STUDENT'S ETHNIC DESCRIPTION

- | | | |
|------------------------------------------|----------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian/Oriental/Pacific Islander | <input type="checkbox"/> Other |

C. Does the student take weekly private lessons?

- YES With whom? _____ (we invite the teachers to our concerts)
 NO