

ATTACHMENT 4-2
HOSA PARENT SURVEY

Your name _____

Name of your HOSA member _____

Your e-mail address _____

Mailing address _____

Phone: Home _____ Cell _____

Do you or does any member of your immediate family work in a health care setting? ____

If yes, please list the name and profession:

Our HOSA chapter appreciates opportunities for parents to be involved in our chapter activities and fundraising. Please indicate the amount of time you have to work with our HOSA chapter:

Minimal Occasional Active _____

Do you have any skills, interests or resources that you would be willing to contribute to our HOSA chapter? _____ If yes, please explain:

Please check any activity/resource you might be willing to contribute to our HOSA chapter:

- | | |
|---|--|
| <input type="checkbox"/> Guest speaker | <input type="checkbox"/> HOSA Booster Club |
| <input type="checkbox"/> Field trip chaperone | <input type="checkbox"/> Provide refreshments for chapter meetings |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Competitive event judge or coach |
| <input type="checkbox"/> Printing services | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Raffle item | <input type="checkbox"/> Other (describe in the space below) |

Thank you for your support of tomorrow's healthcare professionals!