



Jackson Community College Volleyball Questionnaire

Today's Date _____

Personal

Nickname _____ Date of Graduation _____

Name _____ Address _____

City _____ State _____ Zip _____

Email _____ Birth date _____

Phone () _____ Cell Phone () _____

Mother's Name _____ Occupation _____ Alma Mater _____

Father's Name _____ Occupation _____ Alma Mater _____

Siblings _____

Friends or Family who have attended Jackson Community College _____

Academic

High School _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Guidance Counselor _____ Principal _____

Grade Point Average _____ Class Rank _____ of _____ SAT _____ ACT _____

Favorite Subjects _____ Intended Major _____

List any academic honors or awards that you have received:

Athletic

High School Coach _____ Home Phone () _____

Volleyball Club _____ Uni. # _____ Coaches Name _____

Club Coach's Home Phone () _____ Years in Club _____ Position Played _____

Height _____ Dominant Hand _____ Standing Reach _____ Block Jump _____ Standing Reach _____

Injuries (when & what) _____

List any athletic honors or awards that you have received:

Goals:

What are your high school academic goals?

What are your college educational goals?

What are your career goals?

What are your volleyball goals?

Extras:

Anything else you want to tell us?

Have you ever been to JCC? Comment on your visit

Thank you for completing the questionnaire. Please enclose a high school and club schedule, a picture, and send to:

Jackson Community College Field House

Leigh Ann Swihart

2111 Emmons Rd

Jackson, MI 49201

Office Phone: (517) 796-8455

Office Fax: (517) 796-8624

