

HAUNTED HIGH VOLUNTEER SURVEY – INPUT FORM

Name _____

(circle all that apply) Student OASD grad Adult Community member

volunteer shifts worked _____

Type of Work (check all that apply):

Set-up/Advance work Support team: Parking/Merchandise/Tickets, etc. Costumed cast

PLEASE **LEGIBLY PRINT** YOUR ANSWERS TO THE FOLLOWING – Use the back if necessary:

- 1.) What was the Best part of HH - as a volunteer :
- 2.) What was the Best Part - for a "victim":
- 3.) What would make it better? - for volunteers:
- 4.) What would make it better? – for victims:
- 5.) What are your favorite stories or memories of Haunted High

Would you like to work at HH next year? yes no Why/Why not

Contact information for next year _____

Use Below or the Back for Any Additional Comments!