



Women's Volleyball Questionnaire

Please complete, save file as a PDF document, and e-mail as an attachment to gsien@kcc.edu

Or mail to: Gary Sien, Volleyball Head Coach

Kankakee Community College • 100 College Drive • Kankakee, IL 60901

Office phone (815) 802-8608 Fax: (815) 928-8946

~ Please send game tape, statistics, press clippings, and other pertinent information ~

PERSONAL INFORMATION:

Today's Date: _____

Full name _____ / _____ / _____
(Last) (First) (Middle)

Preferred first name/nickname _____ Age _____ Birth date _____

Home address _____ / _____ / _____
(Street) (Apt. no.) (PO Box)

City _____ State _____ ZIP code _____

Phone number: _____
(Home) (Cell) (Work)

E-mail _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Business phone: Father _____ Mother _____

ACADEMIC INFORMATION:

High school _____ Principal _____

High school counselor _____ Office phone _____

High school address _____

GPA _____ Class Rank _____ ACT _____ SAT: Ver. _____ Math _____

Possible college major: _____ Year of graduation: _____

Academic honors: _____



ATHLETIC INFORMATION:

R/L Handed _____ Height _____ Weight _____ Uniform no. _____

Club _____ Positions played: _____

High school coach _____ Phone _____

Club coach _____ Phone _____

Video tape available? ☐ Y ☐ N Other sports _____

Standing Reach: One-hand _____ ft. _____ in. Block Touch _____ ft. _____ in.

Approach Touch: can touch _____ ft. _____ in.

Athletic honors: _____

MISCELLANEOUS:

Other schools you are considering _____