Rooming Questionnaire

(Overnight Field Trip)

This form is confidential and will be used solely for coordinating room assignments for the activity/event _____ ***(Activity/Event Title)*** *on* _____ ***(Dates)***. *Information will only be accessed by designated Chaffey College staff.*

Student Information

Name:_____ Student ID:_____

Phone:_____ Email:_____

Roommate Request (Optional)

I would like to room with:_____

Has this person also requested you? ☐ Yes ☐ No ☐ Not sure

General preferences:_____

Reasonable efforts will be made to accommodate preferences, but not all requests are guaranteed.

Gender and Rooming Preferences (Optional)

This section is optional. You may skip any question. Responses are confidential and used only to support respectful and inclusive arrangements.

Gender identity (optional):_____

I would prefer to share a room with:	☐ Women	☐ Nonbinary individuals
	☐ Men	☐ No preference
I would be most comfortable in:	☐ Shared room	☐ Single room *(if available; may involve additional cost)*
	☐ Either is fine	

Accessibility & Accommodation Needs (Optional)

Do you have any needs (medical, mobility, disability-related, etc.) we should consider when making your room assignment? *Note: You may also contact DPS directly for formal accommodations.*

_____

_____

_____

Additional Considerations (Optional)

Is there anything else you would like us to consider when assigning your room?

_____

_____

_____

Acknowledgment

By submitting this form, I understand that:

- Room assignments are coordinated by Chaffey College
- Preferences will be considered but are not guaranteed
- Assignments may be adjusted for safety, conduct, or program/department needs

Signature:_____ Date:_____