

Committee Meeting Availability Questionnaire

Please complete this questionnaire to help determine the best dates and times for our upcoming committee meetings. This form is formatted for physical printing and manual completion.

1. Member Information

Full Name:

Committee Name:

Email Address:

Phone Number:

2. Weekly Availability

Please write "Available", "Preferred", or "Unavailable" in the corresponding boxes below for each day and time slot:

Time Slot	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8:00 AM - 12:00 PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afternoon (12:00 PM - 5:00 PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evening (5:00 PM - 8:00 PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Meeting Preferences

Preferred Meeting Frequency (e.g., Weekly, Bi-weekly, Monthly):

Preferred Meeting Duration (e.g., 1 hour, 1.5 hours, 2 hours):

Preferred Meeting Format (e.g., In-person, Virtual, Hybrid):

Known Conflict Dates or Holidays (Please list any specific unavailable dates):

Additional Comments or Special Accommodations Needed: