Greek Week 2018 Overall Chair Application

| Name: | 2: | Chapter: | | | |
|----------|----------------------------------------------------------------------------------------------|--------------|------------------------|----------------------------|-----------|
| Classifi | fication: Fresh/Soph/Junior/Senior | Email: | | | |
| 800 #: | : | Phone: | | | |
| 1. | What involvement have you had in previous G | ireek Weeks | i? | | |
| 2. | What qualities do you feel would make a good | d Overall Ch | air? | | |
| 3. | What ideas do you have for a Greek Week the | eme? | | | |
| 4. | To best give individual chairs meeting time ex 8 pm. Does this time work with your Spring so | = | meeting times l Yes | have been set for Tu No | esdays at |
| Inter | rview Questions: | | | | |
| 1. | What was your best experience with Greek W | eek? | | | |
| 2. | What do you feel are the strengths of Greek V | Veek? | | | |
| 3. | What do you feel are the weaknesses of Greek | k Week? | | | |
| 4. | How would you improve Greek Week? | | | | |