

Community Interest Survey

The **Comstock Park Community Outreach** group is a collaboration of businesses, government, schools, churches, and service organizations seeking to meet the needs and improve the lives of people in the Comstock Park community. Your input is **very important** to us as we move forward to provide parent support opportunities for families in THIS community. Please take a moment to identify your *personal interests*.

For questions or more information, contact Missi McPherson at 254-5016

The following survey can also be taken electronically – Please use the following link

Zoomerang - <http://www.zoomerang.com/Survey/WEB22EEBFXPPPD> – Deadline February 3rd, 2012

Paper Surveys can be turned into the York Creek Apartment office or your child's school office or the CP Library

Rate how interested you and your family would be in each of the following EDUCATION TOPICS.

	NO INTEREST			VERY INTERESTED			<input checked="" type="checkbox"/> If volunteer interest
Health/Wellness (physical, mental, emotional)	0	1	2	3	4	5	<input type="checkbox"/>
Finance Management	0	1	2	3	4	5	<input type="checkbox"/>
Literacy (ESL, reading, etc.)	0	1	2	3	4	5	<input type="checkbox"/>
Job Skills, Employment Assistance	0	1	2	3	4	5	<input type="checkbox"/>
Food/Housing/Medical Assistance	0	1	2	3	4	5	<input type="checkbox"/>
First Aid/CPR/Home Safety	0	1	2	3	4	5	<input type="checkbox"/>
Senior Services	0	1	2	3	4	5	<input type="checkbox"/>
Positive Parenting Skills	0	1	2	3	4	5	<input type="checkbox"/>
Other Suggestions _____							<input type="checkbox"/>

Rate how interested your family would be in each of the following family ACTIVITIES.

	NO INTEREST			VERY INTERESTED			<input checked="" type="checkbox"/> If volunteer interest
Sports/Fitness	0	1	2	3	4	5	<input type="checkbox"/>
Arts (music, crafts, dance, cooking, etc.)	0	1	2	3	4	5	<input type="checkbox"/>
Movie Nights	0	1	2	3	4	5	<input type="checkbox"/>
Church Youth Groups/Family Bible Studies	0	1	2	3	4	5	<input type="checkbox"/>
Senior Activities	0	1	2	3	4	5	<input type="checkbox"/>
Other Suggestions _____							<input type="checkbox"/>

What time of Day would be most convenient for your family to attend (check all that apply)?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Evening | |

What style of programming would best meet the needs of your family (check all that apply)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Classroom-style presentations | <input type="checkbox"/> Fairs/Expos | <input type="checkbox"/> School-hosted activities |
| <input type="checkbox"/> One-time Events | <input type="checkbox"/> Series of classes | <input type="checkbox"/> On-site @ Church |
| <input type="checkbox"/> On-site @ CP Schools | <input type="checkbox"/> On-Site @ community organizations | |

Would your family need transportation assistance to attend any parent support activity?

- Yes No

Additional Comments/Suggestions _____

Please complete to be entered into drawing:

Name: _____

Phone: _____

Email: _____

As a **THANK-YOU** for taking this survey, your name will be entered in a drawing for one of the following prizes:
YMCA One Month Membership-Gift Cards-Gas Cards-Bus Passes
 Prize drawing will be held on **February 10th**