

MISSOURI COMMUNITY SERVICE COMMISSION
AMERICORPS MEMBER SURVEY



Name (optional):	
Date:	
Program:	
Type of Service:	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Reduced half-time <input type="checkbox"/> Quarter-time <input type="checkbox"/> Minimum-time
Term of Service:	_____/_____/_____ to _____/_____/_____ Month Year Month Year

Please answer the following questions to the best of your knowledge. The purpose of this survey is to gather, in a confidential manner, some first-hand information about your experience in AmeriCorps. This information will help us to identify what is going well, what you feel is not going well, and what training needs you may have. **This survey is confidential and will not be shared with your program director or any other program staff.**

SERVICE

1. To what extent do you feel you are doing meaningful service that benefits the community? Comments:	1 2 3 4 5 not at all very much
2. How aware do you feel the community is about your project and the service you perform? Comments:	1 2 3 4 5 not at all very much
3. Do any of your activities involve work or research not related to service projects? If you answered yes, please briefly explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been asked to perform tasks that were not a part of your primary service activities or service projects? If you answered yes, please briefly explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. During your service hours, how often do you wear some sort of AmeriCorps identification? Comments:	1 2 3 4 5 never all the time
6. During your service hours, how often is some sort of AmeriCorps identification posted at your service site? Comments:	1 2 3 4 5 never all the time
7. How would you rate the team spirit of the AmeriCorps Members? Comments:	1 2 3 4 5 poor excellent
8. How would you rate your overall satisfaction with your AmeriCorps experience? Comments:	1 2 3 4 5 poor excellent
9. If eligible, will you serve a second term? If you answered yes, please explain why? If you answered no, please explain why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not eligible
10. What have you enjoyed most about your AmeriCorps experience?	

11. What have you enjoyed least about your AmeriCorps experience?

TRAINING

12. How would you rate the orientation you received at the beginning of your term of service?
 Comments:

1 2 3 4 5
 poor excellent

13. Do you feel that your program provided you with adequate training regarding the service activities that you were to deliver?
 Comments:

1 2 3 4 5
 Poor excellent

14. How would you rate the ongoing training that you are receiving during your term of service?
 Comments:

1 2 3 4 5
 poor excellent

15. Have you received training in First Aid/CPR?
 Comments:

Yes
 No

16. Have you received citizenship training?

Yes
 No

17. Have you received disaster response training?

Yes
 No

18. What other trainings would you like to have other than the ones mentioned above?

19. What skills do you feel you have gained thus far in your AmeriCorps experience?

SUPERVISION

20. How would you rate the supervision and support program staff and/or service site staff is providing to you?
 Comments:

1 2 3 4 5
 poor excellent

21. How would you rate the supervision and support program staff is providing you?

1 2 3 4 5
 poor excellent

22. How would you rate the supervision and support your site supervision, if you have one, is providing you?

1 2 3 4 5
 poor excellent
 N/A_____

<p>23. If you don't have a high school diploma or GED, is your program helping you to earn one? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>24. If you are 18 or older and are not registered to vote, has program staff encouraged you to register? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>25. In the course of your AmeriCorps service, have you ever experienced what you would call discrimination based on your physical/mental abilities, race, sexual orientation, or gender on the part of other AmeriCorps Members, staff, or anyone else connected with the project? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
BENEFITS	
<p>26. If you are a full-time AmeriCorps Member, do you have health care coverage? If you answered yes, have you been satisfied with it?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>27. If you receive a living allowance, are you receiving it in a timely manner from your program? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ADDITIONAL COMMENTS	
<p>28. Please add any additional comments here.</p>	