



OLCAA

Oak Lane Community Action Association
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Survey

1. What topics for a free neighborhood workshop or forum would be of value to you?

| | | | |
|--|--|---|-------------------------------|
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Gardening | <input type="checkbox"/> Health | <i>(Check all that apply)</i> |
| <input type="checkbox"/> Home maintenance | <input type="checkbox"/> Investing | <input type="checkbox"/> Parenting | |
| <input type="checkbox"/> Senior care | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Voting/Elections | |
| <input type="checkbox"/> Other <i>Specify:</i> _____ | | | |

2. In what kinds of neighborhood social activities would you be interested in participating?

| | | | |
|--|---|---|-------------------------------|
| <input type="checkbox"/> Cultural events | <input type="checkbox"/> Dance/class | <input type="checkbox"/> Exercise/class | <i>(Check all that apply)</i> |
| <input type="checkbox"/> Food/Cooking | <input type="checkbox"/> Games | <input type="checkbox"/> Movies | |
| <input type="checkbox"/> Trips/Tours | <input type="checkbox"/> Youth-centered | | |
| <input type="checkbox"/> Other <i>Specify:</i> _____ | | | |

3. Rate OLCAA's effectiveness as an organization that serves the community.

| | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Highly effective | <input type="checkbox"/> Very effective | <input type="checkbox"/> Effective |
| <input type="checkbox"/> Somewhat effective | <input type="checkbox"/> Not effective | |

4. How do you prefer to receive news about community events?

| | | | | |
|--|--------------------------------------|-------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Flyer | <input type="checkbox"/> Newsletter | <input type="checkbox"/> NextDoor | <i>(Check all that apply)</i> |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Postal mail | <input type="checkbox"/> Website | <input type="checkbox"/> Word of mouth | |
| <input type="checkbox"/> Social media (Specify preference: Facebook, Twitter, etc.): _____ | | | | |
| | | | | |

5. Please indicate the age groups that live in your household.

| | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> 5 and under | <input type="checkbox"/> 6-14 | <input type="checkbox"/> 15-18 | <input type="checkbox"/> 19-25 | <i>(Check all that apply)</i> |
| <input type="checkbox"/> 26-40 | <input type="checkbox"/> 41-65 | <input type="checkbox"/> Over 65 | | |

6. Do you have a skill or talent you would be willing to share with the community? If so, specify skill and your contact info: _____

7. How do you think OLCAA could improve? _____

8. Other comments: _____

