

SERVE IDAHO – GOVERNOR’S COMMISSION ON SERVICE AND VOLUNTEERISM

AMERICORPS MEMBER SURVEY



Member Name			
Program Name			
Host Site			
Site Supervisor			
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		
Interviewer Name			
Date		<input type="checkbox"/> Telephone	<input type="checkbox"/> In-person

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	
Tell us about your service. What do you do on a daily basis?	
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
How aware do you feel your site and the community is about your AmeriCorps project and the service you perform? Comments:	1 2 3 4 5 not at all very much

<p>Do you know what the program goals are?</p> <p>Do you feel you are making progress towards them on a daily basis? Comments:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Is your AmeriCorps experience creating or strengthening your views on the importance of community service?</p> <p>Will you continue to do community service in the future? Comments:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Do you have a list or do you know where to find a list of the prohibited activities (such as lobbying, proselytizing)? Comments:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>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:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Do you periodically monitor your hours to make sure you will be able to complete them within your term of service? Comments:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Has there been a time when there are not enough AmeriCorps specific tasks to keep you on track to meet your service hours?</p> <p>If so, what has been done to find additional tasks? Comments:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>During your service hours, how often do you wear some sort of AmeriCorps identification? Comments:</p> <p>Is there an AmeriCorps sign posted at your host site?</p>	<p>1 2 3 4 5 never all the time</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

<p>How would you rate your overall satisfaction with your AmeriCorps experience? Comments:</p>	<p>1 2 3 4 5 poor excellent</p>
<p>If eligible, will you serve another term? If you answered yes, please explain why?</p> <p>If you answered no, please explain why?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not eligible</p>
<p>How do you explain AmeriCorps to others?</p>	
<p>What have you enjoyed most about your AmeriCorps experience?</p> <p>What have you enjoyed least about your AmeriCorps experience?</p>	
<p>TRAINING</p>	
<p>How would you rate the orientation you received at the beginning of your term of service? Comments:</p>	<p>1 2 3 4 5 poor excellent</p>
<p>How would you rate the training your program provided to you regarding the service activities that you were to deliver? Comments:</p>	<p>1 2 3 4 5 poor excellent</p>

<p>Were you provided with any disability/inclusion related training or support? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>How would you rate the ongoing training that you are receiving during your term of service? (Serve Idaho Conference any additional program/site training) Comments:</p>	<p>1 2 3 4 5 poor excellent</p>
<p>What other trainings would you like to have other than the ones mentioned above?</p>	
SUPERVISION	
<p>How would you rate the support you receive from the AmeriCorps program staff? Comments:</p>	<p>1 2 3 4 5 poor excellent</p>
<p>How would you rate the supervision and support you receive from your host site supervisor? Comments:</p>	<p>1 2 3 4 5 poor excellent</p>
<p>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>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>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

