

6. Please indicate how much you agree with the following statements in regards to Oxnard's programs and facilities. They:

	Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat agree	Agree
Help make my community a safer place					
Are accessible to people with disabilities					
Are accessible to people who face financial barriers					
Help foster the health and well being of children and youth					
Help foster the health and well being of adults					
Help foster the health and well being of seniors					
Help strengthen the sense of community in our town					
Increase the quality of life in my community					

7. Please share with us any other ways you feel recreation programs and facilities affect our community.

8. In what areas would you like to see new leisure classes or programs offered by the Recreation Division?

- | | |
|--|--|
| <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Art Classes | <input type="checkbox"/> Specialty Camps |
| <input type="checkbox"/> Craft classes | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Day Camps | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Youth Sports |

Other (please specify):

9. Please provide any additional suggestions or comments about our programs, events, services and/or performance below. Thank you.

Please tear off here and place in deposit box.

Please check below and provide your contact information if you are interested in:

- Volunteering in recreation (please indicate your interest on other side)
- Volunteering through RSVP, either with City or area non-profits (must be age 55 or better)
- More information on City of Oxnard Recreation programming

Name: _____ Email: _____

Best Phone: _____ Cell Phone: _____



TAMBIÉN DISPONIBLE EN ESPAÑOL

City of Oxnard Cultural & Community Services

2016/17 Recreation & Community Services Division Survey

Please help us by answering the following questions as they relate to the City of Oxnard Recreation & Community Services Division. Your feedback will help us prioritize division funding and plan future programming. Please place your completed survey in the provided box or mail to the address below. Thank you.

Home Zip Code: _____

1a. Have you or your family participated in any of the following Recreation programs offered by the City of Oxnard over the past 12 months? Please check all that apply.

- | You | Family Member | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Preschool |
| <input type="checkbox"/> | <input type="checkbox"/> | After School Program |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Sports |
| <input type="checkbox"/> | <input type="checkbox"/> | PAL |
| <input type="checkbox"/> | <input type="checkbox"/> | City Corps |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Centers |
| <input type="checkbox"/> | <input type="checkbox"/> | Recreation Classes |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Populations |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult Sports |
| <input type="checkbox"/> | <input type="checkbox"/> | Senior Programs |
| <input type="checkbox"/> | <input type="checkbox"/> | RSVP Bone Builders |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Events (examples: Breakfast with Santa, Gradnight, Tamale Festival) |

1b. If not, what has prevented you or your family from doing so?

	Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat agree	Agree
Unaware of activities					
Activities not scheduled at convenient times					
Lack of time					
Lack of transportation					
Program location					
Cost / price too high					
Quality of instruction					
Facility / Equipment needs upgrading					
Facility cleanliness					
Facility comfort/safety					
Appropriate supervision					
Prefer private club/facilities					
Not interested in participating					
Other (Please specify):					

City of Oxnard Recreation and Community Services
305 West Third Street, Oxnard, CA 93030

1c. Please list any programs, activities and/or events that you attend in other cities (e.g. YMCA, Movies in the Park, sports leagues, aquatic centers, specialty classes, preschool, etc.)

Activity/Event/Program	City
_____	_____
_____	_____
_____	_____

2. What are the main reasons why you or your family participate in recreational activities, whether with the City of Oxnard or other organizations? Check all that apply.

	Not at all important	Not really important	Somewhat important	Extremely important	Not Applicable
Learn new skills and abilities					
Improve skills and abilities					
Get in shape					
Improve health					
Maintain my independence					
Reduce stress					
Spend time with family					
Meet people					
Get involved in my community					
Needed for school					
Enhance ability to get a job					
Child care/ Adult supervision					
Have fun					
Other (Please specify):					

3. How important are each of these aspects of service to you?

	Not at all important	Not really important	Somewhat important	Extremely important	Not Applicable
Staff knowledge and ability to answer questions					
Availability of information online					
Availability of printed material					
Availability of information in a language other than English or Spanish. Please Specify:					
Hours of service					
Availability of directions to program location					
Information about programs					
Other (please specify):					

4. When participating in a program or activity, how important are these facility features to you?

	Not at all important	Not really important	Somewhat important	Extremely important	Not Applicable
Facility location					
Handicap accessibility					
Facility staff					
Facility cleanliness					
Visible signage					
Parking					
Equipment quality and maintenance					
Restroom availability					
Restroom cleanliness					
Other (please specify):					

5. Please indicate how important these program aspects are to you.

	Not at all important	Not really important	Somewhat important	Extremely important	Not Applicable
Program schedule					
Program consistency with description					
Program cost					
Program space and equipment					
Knowledge of program leader / instructor					
Program leader / instructor punctuality					
Program facility					
Overall program quality					
Other (please specify):					

 We are looking for a few good volunteers. Before serving, volunteers must complete and pass a free background check done by the City. Please check all the ways you'd like to help!

- | | | |
|---|--|---|
| <input type="checkbox"/> General office support | <input type="checkbox"/> Sporting Tournaments | <input type="checkbox"/> Location/Program preferred |
| <input type="checkbox"/> Data input | <input type="checkbox"/> Holiday Events | <input type="checkbox"/> City Corps |
| <input type="checkbox"/> Teach a class | <input type="checkbox"/> Festivals | <input type="checkbox"/> PAL |
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Coach | <input type="checkbox"/> Senior Center _____ |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Sports official/scorekeeper | <input type="checkbox"/> Youth/Rec Center _____ |
| <input type="checkbox"/> Media | <input type="checkbox"/> Youth Mentor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Community service project | <input type="checkbox"/> _____ |

If you are 55 and older, the RSVP program might be for you! It matches older volunteers' time and talent with community needs in local non-profits. Call RSVP today at 385-8023 or fill in the reverse side and check off RSVP.