

City of Oxnard Cultural & Community Services Library Division Survey

Please indicate below how much you agree with the following statements regarding the Oxnard Public Library's programs and facilities.

	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					
Enhance the quality of life in my community					

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

In what areas would you like to see new library programs offered or expanded?

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult programs | <input type="checkbox"/> Makerspace | <input type="checkbox"/> Youth programs |
| <input type="checkbox"/> Book talks, signings | <input type="checkbox"/> Senior programs | <input type="checkbox"/> Dance programs |
| <input type="checkbox"/> Book groups | <input type="checkbox"/> Technology programs | <input type="checkbox"/> Music programs |
| <input type="checkbox"/> Craft classes | <input type="checkbox"/> Wellness programs | <input type="checkbox"/> Comedy programs |

Other (please specify) _____

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

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

- Volunteering in the library (please indicate your interest on the other side)

Name: _____ email: _____

Preferred Phone No.: _____ Cell Home Work