



Program Services Survey

1. How long have you lived in Caroline County? _____
2. Where do you live? Zip code _____ Town _____
 Neighborhood _____

3. How many people are there in your household in the following age groups?

___ 0-5 ___ 6-10 ___ 11-15 ___ 16-21 ___ 22-32 ___ 33-45 ___ 46-60 ___ 61-72 ___ 73+

4. Does your family budget for recreational activities? Circle one. Yes No

If yes, how much money per month do you budget? \$ _____

5. Which factors are most important when choosing recreation opportunities? (Check up to three)

- | | |
|---|---|
| <input type="checkbox"/> Distance | <input type="checkbox"/> Diversity of activities |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Experience with previous service |
| <input type="checkbox"/> Time frame | <input type="checkbox"/> Anticipated crowd |
| <input type="checkbox"/> Program length | <input type="checkbox"/> Other: _____ |

6. Have you or a member of your household participated in a Caroline County Department of Recreation & Parks program or service in the last 12 months? Circle one. Yes No

If YES, please specify the program/service and its location:

If NO, please indicate the primary reasons why: (Check no more than 3)

- | | |
|--|--|
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Dissatisfied with previous experience |
| <input type="checkbox"/> Distance/location | <input type="checkbox"/> Inconveniently scheduled |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Don't feel safe |
| <input type="checkbox"/> Unaware of services offered | <input type="checkbox"/> Needs satisfied elsewhere |
| <input type="checkbox"/> Not interested | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack of time | |

7. Please check specific recreation activities in the following categories in which members of your household currently participate. Your selection need not be limited to Caroline County:

Pre-School (5 & under)	Youth (6-17)	Adult(18-54)	Seniors(55+)	Special Event/Family
<u>Sports</u> <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Field Hockey <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Tennis <input type="checkbox"/> Wrestling <input type="checkbox"/> Other _____	<u>Sports</u> <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Dodge ball League <input type="checkbox"/> Field Hockey <input type="checkbox"/> Flag Football <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Ice Hockey League <input type="checkbox"/> Kickball league <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Swim team <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> Other _____	<u>Sports</u> <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Dodge ball League <input type="checkbox"/> Field Hockey <input type="checkbox"/> Flag Football <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Ice Hockey League <input type="checkbox"/> Kickball League <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Swim team <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> Other _____	<u>Sports</u> <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Other _____	<input type="checkbox"/> Canoeing Trips <input type="checkbox"/> Car Cruise Ins <input type="checkbox"/> Caroline Summerfest <input type="checkbox"/> Daddy/Daughter Dance <input type="checkbox"/> Day Trips /Tours <input type="checkbox"/> Egg Hunts <input type="checkbox"/> Fishing Derby <input type="checkbox"/> Kayaking/Paddling Events <input type="checkbox"/> Mom/Son Dance <input type="checkbox"/> Outdoor Concerts <input type="checkbox"/> Outdoor Movies <input type="checkbox"/> Over Night Trips <input type="checkbox"/> Running/Walking Events <input type="checkbox"/> Santa's Magic Workshop <input type="checkbox"/> Sports Tournaments <input type="checkbox"/> Trunk or Treat Halloween Event <input type="checkbox"/> Turkey Trot 2 Mile Run <input type="checkbox"/> Other _____
<u>Recreation Programs/Classes</u> <input type="checkbox"/> Art/Craft classes <input type="checkbox"/> Cooking classes <input type="checkbox"/> Dance classes <input type="checkbox"/> Gymnastics class <input type="checkbox"/> Karate classes <input type="checkbox"/> Mom and Me class <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> Super Tots <input type="checkbox"/> Swimming lessons <input type="checkbox"/> Tumbling class <input type="checkbox"/> Other _____	<u>Recreation Programs/ Classes</u> <input type="checkbox"/> Afterschool Program <input type="checkbox"/> Art/Craft classes <input type="checkbox"/> Computer Classes <input type="checkbox"/> Cooking classes <input type="checkbox"/> Dance classes <input type="checkbox"/> Fitness/Exercise classes <input type="checkbox"/> Gymnastics class <input type="checkbox"/> Karate classes <input type="checkbox"/> Music Lessons <input type="checkbox"/> Sewing/Quilting class <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> Swimming lessons <input type="checkbox"/> Table Tennis <input type="checkbox"/> Theater Program <input type="checkbox"/> Other _____	<u>Recreation Programs/Classes</u> <input type="checkbox"/> Art/Craft classes <input type="checkbox"/> Bingo <input type="checkbox"/> Checkers <input type="checkbox"/> Chess <input type="checkbox"/> Computer classes <input type="checkbox"/> Cooking classes <input type="checkbox"/> Dance classes <input type="checkbox"/> Fitness/Exercise classes <input type="checkbox"/> Sewing/Quilting <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> Water fitness classes <input type="checkbox"/> Yoga classes <input type="checkbox"/> Other _____	<u>Recreation Programs/Classes</u> <input type="checkbox"/> Art/Craft classes <input type="checkbox"/> Bingo <input type="checkbox"/> Card games (Bridge, etc) <input type="checkbox"/> Checkers <input type="checkbox"/> Chess <input type="checkbox"/> Computer classes <input type="checkbox"/> Cooking classes <input type="checkbox"/> Karate classes <input type="checkbox"/> Dance classes <input type="checkbox"/> Fitness/Exercise classes <input type="checkbox"/> Sewing/Quilting <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> Water fitness classes <input type="checkbox"/> Yoga classes <input type="checkbox"/> Other _____	

8. Please identify 3 recreation activities that are the most important to the members of your household. Where are they held (organization and location)?

Activity: _____ Organization/location: _____
Activity: _____ Organization/location: _____
Activity: _____ Organization/location: _____

9. What program services or recreation programs would you or members of your household like to see in Caroline County. _____

10. How do you get your news about events and recreational programs? (Check all that apply.)

- Newspapers: Please List. _____
- Television/Radio: Please List. _____
- Facebook & Other online sources
- Caroline County Program & Activities Guide
- Other. Please list: _____

11. What are convenient times for scheduling programs for the age groups that follow: Check all that apply.

- | | | | | |
|--------------------------|--------------|-----------------------------------|-------------------------------------|-----------------------------------|
| Pre-schoolers: | On Weekdays: | <input type="checkbox"/> mornings | <input type="checkbox"/> afternoons | <input type="checkbox"/> evenings |
| | On Weekends: | <input type="checkbox"/> mornings | <input type="checkbox"/> afternoons | <input type="checkbox"/> evenings |
| School-age youth: | On Weekdays: | <input type="checkbox"/> mornings | <input type="checkbox"/> afternoons | <input type="checkbox"/> evenings |
| | On Weekends: | <input type="checkbox"/> mornings | <input type="checkbox"/> afternoons | <input type="checkbox"/> evenings |
| Adults: | On Weekdays: | <input type="checkbox"/> mornings | <input type="checkbox"/> afternoons | <input type="checkbox"/> evenings |
| | On Weekends: | <input type="checkbox"/> mornings | <input type="checkbox"/> afternoons | <input type="checkbox"/> evenings |

12. Please rank the top 3 most important services that the Department of Recreation & Parks provides to county citizens.

- ___ Improved physical & mental health
- ___ Structure & supervision for youth
- ___ Accessible places to enjoy nature
- ___ Facilities for organized community sports
- ___ Connect people together; build stronger neighborhoods and families
- ___ Maintain natural environment through parks & open space
- ___ Engaging activities for family fun
- ___ Provide cultural education (arts, music, theatre, history)
- ___ Services for people with physical limitations to remain active
- ___ Increase community pride
- ___ Create opportunities for older adults be active
- ___ Other (please specify) _____

13. Are you interested in volunteering to support the Department of Recreation & Parks? Yes No

If yes, please complete the optional Contact Section.

Contact Information (Optional)

Name _____

Telephone Number _____

Best time to reach me _____

Email address _____