



## Introduction Page

**This survey is intended to provide feedback to the Oregon Youth Corps about your program experience. Your responses will be taken seriously.**

**Please note: your answers become public record so please be appropriate with your open-ended answers.**

**Please be honest! Read each question carefully and choose the best answer.**

\* 1. What is the initial of your first name?

\* 2. What is your legal last name?

\* 3. What is the name of your program?

\* 4. What is the name of your Crew Leader?



### Education & Lifelong Learning

5. How well did you understand the daily tasks and personal expectations while in this program?

- |                                     |                              |
|-------------------------------------|------------------------------|
| <input type="radio"/> Almost Always | <input type="radio"/> Seldom |
| <input type="radio"/> Often         | <input type="radio"/> Never  |
| <input type="radio"/> Sometimes     |                              |

\* 6. What enrichment activities did you experience while in this program (add any additional activities in the other column)? Enrichment activities are experiences that go beyond the daily routine of work activities. (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Camping Trip                 | <input type="checkbox"/> Nutrition Classes                            |
| <input type="checkbox"/> Hiking/Backpacking           | <input type="checkbox"/> Rafting/Paddling Experience                  |
| <input type="checkbox"/> First Aid/CPR Classes        | <input type="checkbox"/> Working towards a Professional Certification |
| <input type="checkbox"/> Ropes Course                 | <input type="checkbox"/> College Campus Tour                          |
| <input type="checkbox"/> Journaling                   | <input type="checkbox"/> Guest Speakers                               |
| <input type="checkbox"/> Plant/Animal Identification  | <input type="checkbox"/> Team Building Activities                     |
| <input type="checkbox"/> Obtain a Food Handler's Card | <input type="checkbox"/> Maps/GPS Training                            |
| <input type="checkbox"/> Other (please specify)       |   |

\* 7. Since I started this program, I have noticed improvement(s) in the following (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> My academic grades have improved                                      | <input type="checkbox"/> I am eating healthier foods |
| <input type="checkbox"/> My attendance has stayed consistent or increased                      | <input type="checkbox"/> I am a happier person       |
| <input type="checkbox"/> I am more engaged with my Crew Leader/Teacher and peers               | <input type="checkbox"/> I am getting better sleep   |
| <input type="checkbox"/> Daily, I look forward to going to school or to our program experience | <input type="checkbox"/> None of the above           |
| <input type="checkbox"/> I am staying out of trouble   |  |
| <input type="checkbox"/> Other (please specify)  |  |

8. What caused or what brought about the improvements (from those checked in question 6)?

\* 9. What are your immediate plans (in the next 12 months) after you complete this program?

- |  |  |
|--|--|
| <input type="radio"/> Furthering my education                | <input type="radio"/> Continuing with this program |
| <input type="radio"/> Pursuing other job/vocational training | <input type="radio"/> Undecided                    |
| <input type="radio"/> Joining the workforce                  |  |
| <input type="radio"/> Other (please specify)                 |  |

\* 10. After I complete this program, I plan to attend:

- Trade School
- Community College
- Public University
- Private University
- Other (please specify)

\* 11. Did you earn a Support Voucher as part of your program participation?

- Yes
- No
- I do not know

12. How do you plan to use the funds you earned with your Support Voucher?

\* 13. Ten years from now, in what career do you want to be working?



### Work Skills and Indicators

\* 14. My Crew Leader and other program staff brought positive attitudes during my program experience.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

\* 15. My Crew Leader provided the appropriate level of supervision and instruction.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

\* 16. Which technical skills were you introduced to during your program experience?

- |  |  |
|--|--|
| <input type="checkbox"/> Animal Identification                             | <input type="checkbox"/> Data Entry                    |
| <input type="checkbox"/> Data Collection                                   | <input type="checkbox"/> Public Interaction            |
| <input type="checkbox"/> Fire and Fuels Reduction Techniques               | <input type="checkbox"/> Basic Gardening Techniques    |
| <input type="checkbox"/> Interviewing Practice                             | <input type="checkbox"/> GPS/Map Reading               |
| <input type="checkbox"/> Proper Tool Usage                                 | <input type="checkbox"/> Tool Maintenance              |
| <input type="checkbox"/> Research  | <input type="checkbox"/> Good Nutrition Habits         |
| <input type="checkbox"/> Time Management                                   | <input type="checkbox"/> Basic Construction Techniques |
| <input type="checkbox"/> Tool Safety                                       | <input type="checkbox"/> Plant/Tree Identification     |
| <input type="checkbox"/> Trail Building Techniques                         | <input type="checkbox"/> Working with Power Tools      |
| <input type="checkbox"/> Water Safety                                      | <input type="checkbox"/> Safety Meetings/Talks         |
| <input type="checkbox"/> Public Speaking                                   | <input type="checkbox"/> Finance & Money Management    |
| <input type="checkbox"/> Wearing appropriate Personal Protective Equipment | <input type="checkbox"/> Interacting with the Public   |
| <input type="checkbox"/> Fence Building Techniques                         |  |
| <input type="checkbox"/> Other (please specify)                            |  |

\* 17. Identify up to three workready skills where you believe you showed the greatest improvements:

- |   |  |
|---|--|
| <input type="checkbox"/> Punctuality                                | <input type="checkbox"/> Critical Thinking                                 |
| <input type="checkbox"/> Having and Maintaining a Positive Attitude | <input type="checkbox"/> Following Directions                              |
| <input type="checkbox"/> Taking Initiative                          | <input type="checkbox"/> Accountable for my actions                        |
| <input type="checkbox"/> Building a Strong Work Ethic               | <input type="checkbox"/> Attention to detail                               |
| <input type="checkbox"/> Setting & Working towards Goals            | <input type="checkbox"/> Showing & Maintaining Integrity                   |
| <input type="checkbox"/> Problem Solving                            | <input type="checkbox"/> I made no improvement on any of the listed skills |
| <input type="checkbox"/> Other (please specify)                     |  |

18. What workready skill (from those listed in question 16), do you believe is your strongest attribute?

\* 19. Identify up to three of the skills listed below, where you saw your Crew make the biggest improvements during the program:

- |   |  |
|---|--|
| <input type="checkbox"/> Working with difficult personalities | <input type="checkbox"/> Actively listening to others                          |
| <input type="checkbox"/> Respect for others                   | <input type="checkbox"/> Personal hygiene                                      |
| <input type="checkbox"/> Conflict resolution                  | <input type="checkbox"/> Appropriate language                                  |
| <input type="checkbox"/> Ability to effectively communicate   | <input type="checkbox"/> Empathy   |
| <input type="checkbox"/> Motivating others                    | <input type="checkbox"/> The crew made no improvements on any of listed skills |
| <input type="checkbox"/> Teamwork                             |  |
| <input type="checkbox"/> Other (please specify)               |  |

20. What did you find difficult about working with other people or in a large group setting; and what strategy or solution did you implement to make the experience better?

\* 21. How confident are you that you have both the necessary skills and understanding of what is expected of you in a professional work environment?

- Very confident
- Somewhat confident
- I am not sure
- Not so confident
- Not at all confident



## Stewardship

22. What was your favorite work project?

\* 23. Because of this program, I am more likely to spend time outdoors.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

\* 24. Since participating in this program, I am more aware of environmental/natural resource concerns/issues in my surrounding community.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

\* 25. I believe that the stewardship work we completed had a positive impact in our community and/or local natural resources.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

\* 26. Because of this program, I feel more connected to my community.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

\* 27. Since participating in this program, I am more aware of concerns within my community (i.e. poverty, education, access to food & housing, job opportunities/training, art/culture, etc.).

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

\* 28. There was at least one community partner or project sponsor I met that I would want to continue working with as a volunteer or in a paid position.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

29. What can you do going forward, either within your local community or within natural resources, to help make a difference?



## Youth Empowerment

30. Is there anything you feel should be changed or improved upon in this program?

\* 31. Overall, how do you rate your success in the program?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

32. During this program, what was one personal accomplishment that makes you feel proud about yourself?

33. What is the biggest change you have seen in yourself?

34. What helped foster that change (person, event, activity, concept, etc)?

35. Now that you completed this program, if you look back to the first day, what advice would you have given yourself?

36. If it was not for this program, I would be...(finish this sentence)