

Washington Fruit Community Center - Community Interest Questionnaire

Please take a few minutes to tell us what programs and services you would like to see offered at the Washington Fruit Community Center. We will use the information to make decisions on the programs and services offered at the facility. Thank you for your time.

SECTION I - General Questions

- 1 Have you or anyone in your family participated in any programs at the Washington Fruit Community Center, formerly the YPAL Building, in the past? Yes No Not Sure
- 2 If you answered yes, please tell us what programs you or your family members attended.

- 3 In the future, how will you travel to participate in programs or services at the Washington Fruit Community Center? Walk Car Bus Bicycle Other _____

SECTION II - Programs and Services

- 1 Please select the top 5 programs and services that you and your family would consider using at the Washington Fruit Community Center.

<input type="checkbox"/> Adult Fitness Classes	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Summer Day Camps
<input type="checkbox"/> Nutrition/Cooking Classes	<input type="checkbox"/> Senior Meal Program	<input type="checkbox"/> Book Club
<input type="checkbox"/> Youth Crafts	<input type="checkbox"/> After School Programs	<input type="checkbox"/> Senior Crafts
<input type="checkbox"/> Senior Card & Table Games	<input type="checkbox"/> Tutoring Assistance	<input type="checkbox"/> Health & Wellness Checks
<input type="checkbox"/> Computer Classes	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Volunteer Opportunities
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Yoga/Pilates	<input type="checkbox"/> Youth Dance Classes
<input type="checkbox"/> Adult Education/GED	<input type="checkbox"/> Senior Fitness Classes	<input type="checkbox"/> Quilting/Knitting Groups
<input type="checkbox"/> Adult Dance Classes	<input type="checkbox"/> Social Media Classes	<input type="checkbox"/> Facility Rentals
<input type="checkbox"/> Naturalization Classes	<input type="checkbox"/> Youth Drop In Programs	<input type="checkbox"/> ESL Classes
<input type="checkbox"/> Wood Carving	<input type="checkbox"/> Gardening Club	<input type="checkbox"/> Creative Writing Classes
<input type="checkbox"/> Music Classes	<input type="checkbox"/> Ping Pong Group	<input type="checkbox"/> Holiday Events
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
- 2 What would keep you from participating in programs and services at the Washington Fruit Community Center? Please check all that apply.

<input type="checkbox"/> No Time - Too Busy	<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> No Child Care
<input type="checkbox"/> Unaware of Programs	<input type="checkbox"/> Work Schedules	<input type="checkbox"/> Lack of Funds
<input type="checkbox"/> Lack of Interest	<input type="checkbox"/> No Programs That I Need	<input type="checkbox"/> Other _____

OPTIONAL SECTION III - Demographic Information - Tell us about yourself. Answers are optional.

- 1 Do you live within the Yakima City limits? Yes No
- 2 If you live in Yakima, how long have you lived within the city limits?

<input type="checkbox"/> less than one year	<input type="checkbox"/> 4 to 8 years	<input type="checkbox"/> 14 to 18 years
<input type="checkbox"/> 1 to 3 years	<input type="checkbox"/> 9 to 13 years	<input type="checkbox"/> More than 18 years
- 3 What is your age?

<input type="checkbox"/> 14 or younger	<input type="checkbox"/> 30-39	<input type="checkbox"/> 60-69
<input type="checkbox"/> 15-19	<input type="checkbox"/> 40-49	<input type="checkbox"/> 70-79
<input type="checkbox"/> 20-29	<input type="checkbox"/> 50-59	<input type="checkbox"/> 80+
- 4 How many people live in your house or apartment? 1 2 3 4 5 6 7 8 9 10+
- 5 How many children live in your home that are under 18? None 1 2 3 4 5 or more
- 6 What is your gender? Male Female I prefer not to answer
- 7 What is your ethnic origin? Please check all boxes that apply for those living in your home.

<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____

SECTION IV - Additional Information

- 1 Please write additional thoughts or ideas you have regarding programs and services.
