

1. Purpose of Core Member Services Survey

Greetings!

Feedback from ACA Section members is critical to our ability to meet your needs, so please take 10-15 minutes to share with us what is on your mind! We are committed to making your experience as a member the best it can possibly be. By sharing your perspectives, you will help us shape the future of the Section in a direction that reflects the desires of the membership! Thank you for your input!

Please complete the survey no later than 5:00 PM PST on Friday, (date). Thank you!

2. Education and Training

1. Overall, how satisfied are you with the current program and services offered by the SECTION?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

2. How many SECTION-SPONSORED education events do you attend each year (excluding accreditation/standards courses)?

- None (skip to question #4)
- 1-2 events
- 3-4 events
- 5 or more events

3. If you have attended SECTION-SPONSORED education events in the PAST TWO YEARS, how satisfied are you overall with the training offered?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Never attended

4. How important are the following factors in your decision to attend SECTION education events?

	Low Importance	Moderate Importance	High Importance
Program content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date, Time of year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How likely would you be to use the following formats for educational training in the next 18 months?

	Not Likely	Somewhat Likely	Very Likely	Don't Know
Section educational workshop/conference	jn	jn	jn	jn
Regional educational workshop/conference	jn	jn	jn	jn
National educational workshop/conference	jn	jn	jn	jn
Online/MP3 downloads - podcast/Web-based course	jn	jn	jn	jn
CD/DVD course	jn	jn	jn	jn
Books/workbooks	jn	jn	jn	jn
College/continuing education course	jn	jn	jn	jn

6. Which of the following educational resources have you used in the past two years? (check all that apply)

- ACA Section Web site
- ACA Section conference or meetings
- Regional conference or meetings
- ACA's Camping Magazine
- ACA's CampLine
- ACA National Web site
- ACA National conference
- ACA National education programs (BCDC, NDO, etc.)
- ACA's business research information (budget & finance report, salary study report, etc.)
- ACA's youth development materials (outcomes tools, research summaries - Directions/Inspirations/Innovations, etc.)
- Other camping, youth development, or camping/outdoor Web sites, magazines, books, etc.
- Online courses

7. Which of the following topics describes your training needs in the next 18 months? (check all that apply)

- Trends in the camp industry (enrollment, demographic patterns, etc.)
- Business operations (budgets, financial information, compensation, etc.)
- Food service management
- Healthcare and wellness issues/management
- Human resources management
- Risk and crisis management
- Site and facility management
- Strategic planning
- Marketing
- Evaluation strategies, techniques, tools
- Legislative/regulation updates

3. Communications

1. How satisfied are you with SECTION COMMUNICATION (newsletters, etc.)?

2. How do you prefer to receive information about SECTION programs and services? (select your top three choices)

3. What format would you like for SECTION newsletters?

4. How often did you visit the SECTION Web site this year?

6. What SECTION Web site features do you typically use?

- Online resource center
- Training calendar
- Education events (e.g., registration information, etc.)
- Legislative Web utility
- "Find a Camp"
- Standards/accreditation information
- Link to another organization
- Never use

Additional comments about the Section Web site

4. ACA Accreditation Process

1. How satisfied are you with the support offered by the SECTION for the accreditation process?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

2. How satisfied are you with the SECTION opportunities to train as a Standards Visitor?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

Additional comments about the Visitor training process

3. Please provide any additional comments related to member services provided by the SECTION.

5. About You

1. Gender

Female

Male

2. Age Group

18 to 24

25 to 49

50 to 64

65 and above

3. Ethnic/Racial Heritage

American Indian, Eskimo, or Aleut

Asian or Pacific Islander

Black or African American

Hispanic, Latino, or Latina

Multi-racial

White or Caucasian

Other (please specify)

4. Highest Level of Education

High School Graduate

Some College

Associates Degree

Bachelors Degree

Masters Degree

Doctorate Degree

5. Type of Member

Professional

Associate

Student

6. Camp Affiliation (where you work now or most recently worked)

- Agency (e.g., YMCA, Girl or Boy Scouts, Camp Fire USA, etc.)
- Health-related Organization (e.g., Diabetes Association, American Red Cross, etc.)
- Independent For-Profit
- Independent Not-for-Profit
- Municipality or Government
- Religiously Affiliated (e.g., a denominational or faith-based camp)
- I haven't worked for a camp in the last three years

7. Type of Camp Operations (check all that apply)

- Conference/Retreat Center
- Day Camp
- Day Use Programs
- Family Camp
- Outdoor/Environmental Education Center
- Resident Camp
- Trip/Travel Camp
- Do not Operate Camp Programs

Other (please specify)

8. Please provide the first three digits of the zip code for where you are located during September - May.

1st Three Zip Code Digits

Zip Code September -
May

9. Which of the following best describes your current position related to camp?

- Camp Owner or Operator
- Camp Director/Administrator
- Agency or Denominational Executive
- Camp Administrative Staff (Assistant Director, Program Director, Business Manager, etc.)
- Camp Support Staff (maintenance, food service, office, etc.)
- Camp Medical Personnel/Healthcare Staff
- Program Staff/General Counselor
- Board Member
- Business Member or Consultant
- Educator/Student
- Retired/Volunteer
- Not currently affiliated with a camp

Other (please specify)

10. Which of the following best describes your current employment status related to camp?

- Full-Time
- Part-Time or Seasonal (including summer camp staff)
- Not employed by a camp at this time (please skip to question #12)

11. If employed full-time in the camp profession, how many years have you been in your current position?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10-19 years
- 20+ years

12. What are the top three critical issues that you had to deal with this past summer at camp?

