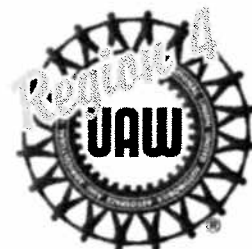


We are trying to improve communication with our members. Please take a minute to fill out this survey. Feel free to talk to your Union Representative if you have any questions. Thank you.

MEMBER-TO-MEMBER SURVEY



LOCAL # _____

UNIT # _____

NAME _____

HOME ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

HOME PHONE

MOBILE PHONE

IS TEXTING A GOOD METHOD OF COMMUNICATION ON THIS MOBILE PHONE?

YES NO

DEPT _____ SHIFT _____

EMAIL ADDRESS _____

HOW REGULARLY DO YOU CHECK THIS EMAIL?

WEEKLY DAILY HOURLY MORE OFTEN

ARE YOU ON FACEBOOK AND/OR TWITTER? YES NO

IF SO, HAVE YOU LIKED OR FOLLOWED YOUR LOCAL OR REGION'S PAGE? YES NO

IF YOU KNOW WHO YOUR UNION STEWARD OR COMMITTEEPERSON IS, PLEASE LIST THEIR NAME(S) _____

DO YOU KNOW WHERE & WHEN YOUR UNION MEETINGS ARE HELD? YES NO

IF YOU ANSWERED YES, DO YOU ATTEND YOUR UNION MEETINGS?

EVERY MONTH A FEW TIMES A YEAR ONCE A YEAR NEVER

IF NO, WHY NOT?

ARE YOU A MEMBER OF A STANDING COMMITTEE? YES NO

IF NO, WHY NOT?

IS THERE ANY TRAINING IN WHICH YOU WOULD BE INTERESTED IN RECEIVING AND WOULD YOU BE INTERESTED IN ON-LINE TRAINING?

WOULD YOU LIKE SOME INFORMATION ON STANDING COMMITTEES? YES NO

WOULD YOU BE INTERESTED IN HELPING ON A COMMITTEE OR COMMITTEE PROJECT?
YES NO

DO YOU HAVE ANY BARRIERS TO PARTICIPATING IN UNION ACTIVITIES (E.G. CHILD CARE, TRANSPORTATION, WORK SHIFT, ETC.)? YES NO

ARE YOU FAMILIAR WITH THE COMMUNITY ACTION PROGRAM (CAP)? YES NO

DO YOU CURRENTLY CONTRIBUTE TO VOLUNTARY-CAP (V-CAP)? YES NO

IF NO, HAS ANYONE EVER APPROACHED YOU ABOUT CONTRIBUTING? YES NO

DO YOU BELONG TO ANY COMMUNITY ORGANIZATIONS? IF SO, PLEASE LIST AND DESCRIBE YOUR ROLE.

DO YOU HAVE ANY HOBBIES? PLEASE LIST.
