

Optimist International
COMMUNITY NEEDS ASSESSMENT

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Area of Expertise: Education Recreation Social Health Environment

1. Can you identify specific youth oriented projects in our community that you think are successful? Yes
 No Please List: _____

2. If you answered yes to the question above, why do you think the projects that you listed are successful?

3. What areas do you think are the most critical for our local young people that are not being adequately met?

4. What are your suggestions as to how these needs can be met? _____

5. Do you see any duplication of efforts from volunteer organization in the local area? Are there two or more organizations doing the same type of program and meeting the same need? Yes No
Please describe duplicate efforts: _____

6. How can groups work together to avoid duplication or coordinate joint efforts? _____

7. Do you feel that the members of this community are aware of services and facilities offered for the local youth? Yes No

8. How can this type of information be more effectively communicated? _____

In your opinion, is there room for additional volunteer involvement for youth programs in your community?
 Yes No

Additional Comments: _____
