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:_____________________________________________________________________

_______________________________________________________________________________________