

A decorative graphic is present on the page, featuring a large, thin, light green arc that starts near the top right and curves down towards the bottom right. A horizontal line and a vertical line intersect at the end of this arc, with a small yellow square at the intersection point. Another horizontal line and a vertical line intersect at the end of the arc near the top left, with a small yellow square at the intersection point. A solid green rectangle is located in the top left corner of the page.

2009 AARP Survey of District Villages

October 2009

2009 AARP SURVEY OF DISTRICT VILLAGES

Origin of [insert name] Village

1. Thinking back to the start of your Village, please provide the following approximate dates.

	Month	Year
a. First meeting to conceptualize idea		
b. Official incorporation – 501(c)(3)		
c. Officially launched in neighborhood		
d. Started providing services		

2. Again, thinking back to the start of your Village, what was the key driver or reasons for developing your organization? What was the common vision or goal?

Operations

3. How many founding board members did your Village have? By founding board members, we mean how many people were involved in the initial conceptualization of your Village?

_____ (total number of founding members)

4. How many members are currently on your Board of Directors?

_____ (total number of members)

5. What committees do you have? Please list them below.

Committees of the Board

a.	f.
b.	g.
c.	h.
d.	i.
e.	j.

6. What officer positions do you have? Please list them below.

Officers of the Board

a.	d.
b.	e.
c.	f.

7. How often does your Board of Directors meet each year?

- ₁ Every other week
- ₂ Monthly
- ₃ Every 2 months
- ₄ Every 3 months
- ₅ Every 4 months
- ₆ Twice a year
- ₇ Once a year
- ₀ Other, please specify: _____

8. Does your Village rent or own office space or is office space donated?

- ₁ Office space is rented
- ₂ Office space is owned by Village
- ₃ Office space is donated
- ₀ Other, please specify: _____

9. Does your Village employ paid staff?

- ₁ Yes ⇒ **CONTINUE TO QUESTION 10**
- ₂ No ⇒ **SKIP TO QUESTION 12**

10. What would be the full-time equivalent (FTE) of all paid staff? For example, an FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time. A full-time worker is defined as a person who works 2,080 hours in one year or 40 hours a week.

_____._____ (i.e., .50; .75; 1.0, 1.5, 2.0)

11. Do you offer your paid staff any of the following benefits?

- | | Yes
▼ | No
▼ |
|---|---------------------------------------|---------------------------------------|
| a. Health insurance | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Dental insurance | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Vision insurance | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Long-term care insurance | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Short or long-term disability coverage | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. A flexible work schedule | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Paid vacation leave | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Paid sick leave | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

12. What is your operating budget for 2009? Include total revenues and expenses. What is your projected budget for 2010?

	2009	2010
a. Total Operating Budget	\$	\$
b. Total Expenses	\$	\$
c. Total Revenues	\$	\$

13. Does your Village have reserve funds?

- ₁ Yes ⇒ **CONTINUE TO QUESTION 14**
₂ No ⇒ **SKIP TO QUESTION 15**

14. What is the percentage of your reserve funds to your 2009 Operating Budget?

_____ % (total reserve ÷ total operating budget)

15. Who performs the accounting functions for your Village? By accounting, we primarily mean bookkeeping, financial statements, and payroll.

Check all that apply

- ₁ Paid staff
₂ Volunteers
₃ Board members
₄ Contract this service out
₀ Other, please specify: _____

Members

16. What is your membership goal for 2009?

17. How many members did you have as of July 31, 2009?

18. Please describe your membership fees.

19. Do you provide membership discounts for people with low incomes?

₁ Yes⇒CONTINUE TO QUESTION 20

₂ No⇒SKIP TO QUESTION 21

20. Please describe your discounted membership fee.

21. Do you have an age requirement for members?

₁ Yes⇒CONTINUE TO QUESTION 22

₂ No⇒SKIP TO QUESTION 23

22. Please describe your age requirement.

23. Do you collect or maintain any demographic information (age, income, gender, race and ethnicity, education, employment status, etc.) on your members?

₁ Yes⇒CONTINUE TO QUESTION 24

₂ No⇒SKIP TO QUESTION 25

24. What type of demographic data on your members do you collect or maintain?

Check all that apply

- ₁ Age
- ₂ Race and ethnicity
- ₃ Income
- ₄ Gender
- ₅ Educational attainment
- ₆ Employment status
- ₇ Disability status
- ₈ Type of residence
- ₀ Other; please specify: _____

Programs and Services

25. Please describe your service area boundaries (geographic territory).

26. Do you communicate with your members regarding activities, events, and services in any of the following ways?

	Yes ▼	No ▼
a. Email.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Telephone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Website	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Blogs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Twitter.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Facebook.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Newsletter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Word of mouth.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Online event registration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Other, please specify: _____		

27. Do you produce a newsletter for your members?

- ₁ Yes ⇒ CONTINUE TO QUESTION 28
- ₂ No ⇒ SKIP TO QUESTION 30

28. Do you also distribute your newsletter to non-members?

- ₁ Yes
- ₂ No

29. How often do you produce your newsletter?

- ₁ Weekly
- ₂ Every other week
- ₃ Every three weeks
- ₄ Monthly
- ₅ Every other month
- ₆ Every three months
- ₇ Every four months
- ₈ Twice a year
- ₉ Once a year
- ₀ Other; please specify: _____

30. Do you distribute your newsletter in any of the following ways?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| | ▼ | ▼ |
| a. Email..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Mail..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Hard copy placed in various community locations..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Other, please specify: _____ | | |

31. Does your Village provide services on weekends?

- ₁ Yes
- ₂ No

32. Does your Village provide any of the following services to members? For each service you provide, please estimate what percentage each service represents of all services provided in a typical month. The total of these percentages must equal 100%.

	No	Yes	Percentage of Total Services (estimate)
a. Transportation to and from doctor's appointments, grocery, pharmacy, post office, airport, etc.	▼ <input type="checkbox"/> ₂	▼ <input type="checkbox"/> ₁	▼ _____ %
b. Help with computers, Internet, or other electronic devices (clocks, phones, watches, thermostats, DVDs) .	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
c. Leaf or snow removal	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
d. Record keeping, insurance forms, or other paperwork...	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
e. Social activities, classes, or clubs	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
f. Exercise classes, walking, other fitness activities	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
g. Handyman, odd jobs, light home maintenance.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
h. Home repair and renovations.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
i. Help with running errands	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
j. Tending to plants and mail while away	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
k. House cleaning and laundry.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
l. Meal preparation and/or meal delivery.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
m. In-home health care assistance	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
n. Respite care.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
o. Pet care, dog walking.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
p. Companionship, friendly visits, calls	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
q. Gardening advice, assistance	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
r. Pick up and delivery of prescription drugs, grocery, etc.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
s. Access to a network of authenticated or vetted local service providers (i.e., SeniorChecked, etc.)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	_____ %
t. Other, please describe: _____			

_____			_____ %

33. Does your Village provide services to members every day, for all hours (24 hours a day/7 days a week)?

- ₁ Yes⇒CONTINUE TO QUESTION 34
- ₂ No⇒SKIP TO QUESTION 35

34. Please describe how your Village provides services to members 24/7.

35. Does your Village issue membership cards to its members?

- ₁ Yes
- ₂ No

36. Please estimate the total number of member requests you have responded to in the past three months, as well as the total number of direct services provided.

	2009 Member Requests	2009 Total Services
a. May		
b. June		
c. July		

37. After a member has received a service, do you follow up with the member about their satisfaction with the service provided?

- ₁ Yes⇒ CONTINUE TO QUESTION 38
- ₂ No⇒ SKIP TO QUESTION 39

38. Please describe how you follow-up with members after a service is provided.

39. About what percentage of members receive or participate in services or activities each month?

_____ % (portion of members who receive/participate in services each month)

40. Please describe any formal partnership agreements your Village has with businesses or organizations that provide services to your members.

41. How do you screen or vet potential businesses or organizations for member services?

Volunteers

42. Do you use volunteers to provide services to your members?

- ₁ Yes ⇒ **CONTINUE TO QUESTION 43**
₂ No ⇒ **SKIP TO QUESTION 49**

43. How many volunteers did you have as of July 31, 2009?

44. How do you recruit volunteers?

45. How do you screen volunteers? Do you conduct background checks?

46. Do you require your volunteers to also be members of your Village?

- ₁ Yes
- ₂ No

47. About what percentage of member services each month are provided by volunteers?

_____ % (portion of monthly services provided by volunteers)

48. Do you currently have enough volunteers to meet all the monthly needs of your members?

- ₁ Yes
- ₂ No

Fundraising and Outreach

49. Please describe both your short-term and long-term fundraising strategies, if any.

Short-Term

Long-Term

50. How do you market your Village to non-members?

51. How do you maintain, update, and develop your website?

Thank you for completing this survey. Please use the postage-paid envelope and return it to the State Research Surveys, AARP, 601 E Street, NW, Washington, DC 20049, by **August 31, 2009.**