

AmeriCorps Community Awareness Survey

Please verify the following information:

Your name:

Your email address:

Your telephone:

Organization name:

List any other names your organization may be known by:

Organization address:

1. How familiar are you with AmeriCorps?

- Not at all Familiar Somewhat Familiar Moderately Familiar Extremely Familiar

2. Do you know if any AmeriCorps members are serving in your community?

- Yes No

3. Please fill in the table below, the organizations in your community that you interact with and the key contact and their information:

Organizations Name	Organizations Address	Key Contact name/Role	Email Address	Telephone Number	Alternate Contact	Email Address	Telephone Number	Key Partner (Y/N)
Org 1								
Org 2								
Org 3								
Org 4								
Org 5								
Org 6								
Coalitions								
Workgroups								

4. May we use your name to recruit other respondents for the survey from your community?

- Yes No

5. May we use the name of your organization to recruit other respondents for the survey from your community?

- Yes No

