

NCCC Leadership Development Baseline Questionnaire

[NOTE: questions 1-3 for Corps members only; comparison group participants begin with question 4]

OMB Control Number: XXX (Expires XX/XX/XX)

Your Upcoming NCCC Service

This survey will start with a few questions about you and your upcoming service with NCCC.

1. What are the first four letters of your last name?*

If your last name has less than four letters, please add one or more Xs to the end of the name to fulfill the four letter requirement.

*2. In which program will you serve?**

NCCC Traditional GO TO Q5

NCCC FEMA Corps GO TO Q3

*3. Was it your first choice to join FEMA Corps?**

Yes

No

NOTE: Corps members continue with question 5; COMPARISON GROUP participants begin with question 4

4. There are many reasons why individuals who have been accepted to serve with NCCC decide not to join. NCCC is interested in understanding the reason applicants may decide not to join NCCC after receiving an acceptance letter. For each of the reasons below please indicate whether it contributed to your decision not to serve with NCCC?*

[response option Yes No]

- a. I am going back to school
- b. I found a job / I am working
- c. I will not be earning enough money as a NCCC member
- d. I am concerned about my ability to do some physical activities
- e. I have difficulty doing some activities because of a physical, mental, or emotional condition
- f. I need to care for a family member or close friend
- g. I am joining the military
- h. I am going to serve with Peace Corps
- i. I am going to serve with another AmeriCorps program (ASN, VISTA)
- j. NCCC has too much structure / too strict
- k. Other reason you decided not to join NCCC, please explain

*5. How did you hear about AmeriCorps NCCC? [Check all that apply] **

a. From an AmeriCorps NCCC or FEMA Corps representative at a career fair or presentation.

b. From volunteering alongside an AmeriCorps NCCC or FEMA Corps team.

c. From an AmeriCorps NCCC or FEMA Corps representative someplace other than a career fair, presentation, or volunteer activity.

d. From a friend or family member who served in AmeriCorps NCCC or FEMA Corps.

e. From a friend or family member who served in a different AmeriCorps or service program (e.g., ASN, VISTA).

f. From people in my social group who had or knew of NCCC members that served in their communities.

g. From a teacher, professor, school counselor, or advisor.

h. From my time serving with Job Corps.

i. From my time serving with YouthBuild.

j. From my time serving with Youth ChalleNGe.

k. From a news story.

l. From an advertisement.

m. From the AmeriCorps website.

n. From social media (Facebook, Twitter, Tumblr, LinkedIn, etc.).

o. After applying to/serving with a different service organization (Peace Corps, Teach for America, City Year, etc.).

p. FEMA representative, website, news coverage, or social media.

Other - Please specify: _____*

6. Have you previously volunteered with AmeriCorps?*

Yes GO TO Q7a-c

No GO TO Q8

7a-c. With which AmeriCorps have you previously volunteered?*

	Yes	No
a. AmeriCorps State and National (ASN)	<input type="checkbox"/>	<input type="checkbox"/>
b. NCCC/FEMA Corps	<input type="checkbox"/>	<input type="checkbox"/>
c. VISTA	<input type="checkbox"/>	<input type="checkbox"/>

7d. What year was your most recent service?*

Year _____

Don't remember

7e. For your most recent service, did you complete your service?*

Yes

No, left early/did not complete service

8. Have you previously volunteered with any other organizations [e.g., religious, educational, health related, other charitable organization]?*

Yes

No

9. There are many reasons why individuals want to volunteer with NCCC. For each reason listed below, please indicate how relevant this reason was in your decision to serve with AmeriCorps NCCC/FEMA Corps.*

	Not relevant	Somewhat relevant	Very relevant	Quite relevant
a. I want to try something new to find what direction I want to take in my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I want to gain leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

skills.				
c. I want to gain professional skills / carpentry or construction skills / build my résumé.	()	()	()	()
d. I want to meet new people / make friends.	()	()	()	()
e. I want to have stable housing and other benefits.	()	()	()	()
f. I want to travel the country / I want to leave the town that I am living in right now.	()	()	()	()
g. There are not enough jobs where I live				
h. I want to earn money for future college tuition.	()	()	()	()
i. I want to earn money to pay off student loans.	()	()	()	()
j. I want to take a break before college.	()	()	()	()
k. I want to take a break .while enrolled in college.	()	()	()	()
l. I want to take a break between college/grad school.	()	()	()	()
m. I want the opportunity to network with professionals in my field of interest.	()	()	()	()
n. I want to gain experience to serve in other AmeriCorps programs (eg., ASN, VISTA)	()	()	()	()

o. I want to gain experience to join the military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I want to gain experience to join the Peace Corps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I want to make a difference / serve my country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I want to reduce social or economic inequality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. NCCC will give me a sense of purpose.				
t. I have a friend or family member who was applying or participating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. An AmeriCorps organization or one like it helped you (or a loved one) in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I want to earn money / I needed to get a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. My parents/guardians wanted me to join NCCC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. There was another reason I wanted to join NCCC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9x. The other reason I wanted to join NCCC was:*

10. What sources did you use to learn what your experience will be like as an AmeriCorps NCCC member? [Choose yes or no]*

	Yes	No
a. I spoke with an AmeriCorps NCCC or FEMA Corps representative at a career fair, presentation, or volunteer activity.	()	()
b. I spoke with an AmeriCorps NCCC or FEMA Corps representative someplace other than a career fair, presentation, or volunteer activity.	()	()
c. I spoke with a friend or family member who served in AmeriCorps NCCC or FEMA Corps.	()	()
d. I spoke with a friend or family member who served in a different AmeriCorps or other national service program.	()	()
e. I spoke with people in my social group who had or knew of NCCC members that served in their communities.	()	()
f. I spoke with a teacher, professor, school counselor, or advisor.	()	()
g. I read information on the AmeriCorps NCCC website.	()	()
h. I read information on social media (Facebook, Twitter, Tumblr, LinkedIn, Reddit, etc.).	()	()
i. I watched a video online		
j. I read the AmeriCorps NCCC Member Handbook.	()	()

k. I used other sources to learn about the NCCC AmeriCorps member experience.	()	()
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10k. The other sources I used to learn about the NCCC AmeriCorps member experience include: *

11. The following statements reflect people's thoughts about the NCCC experience. For each statement below please indicate if you believe the statement is true, not true, maybe true about the NCCC experience.

	No, this is not true	Yes, this is true	Maybe this is true	
a. I always must conform to uniform standards when on duty.	()	()	()	
b. I am part of a team of 8-10 other members who share my values.	()	()	()	
c. I live in a dormitory that feels like being in the military.	()	()	()	
d. I have complete privacy when I am not on duty.	()	()	()	
e. I serve on projects that are away from the dormitory of my campus and must live, eat and work with my team all the time around the clock.	()	()	()	
f. I get to work in an office doing administrative duties.	()	()	()	
g. I travel all over the United States and meet a lot of people.	()	()	()	
h. I do my service projects between 9 am	()	()	()	

and 5 pm, and I have free time at night and on weekends to do the things I want to do.				
i. I can take time off anytime I want.	()	()	()	
j. I participate in physical training only when I want.	()	()	()	
k. I cannot take a part-time job or take night classes.	()	()	()	
l. I can choose what type of work or project I will be doing.	()	()	()	
m. I will have a formal structure and processes to guide me on how, what and when things need to be done.	()	()	()	
n. I believe that there are times the rules can be bent.	()	()	()	
o. I have heard other statements about the NCCC experience.	()	()	()	

11o. Other statements I have heard about the NCCC experience include: *

NCCC is interested in understanding your work skills, like how you gather and analyze information, motivate co-workers, and manage time as well as your belief about what contributes to successful employment. This section includes questions to better understand these work skills.

Member Skills

*12. How much confidence do you have that you could:**

	No confidence at all	Very little confidence	Moderate confidence	Much confidence	Complete confidence
a. Plan, coordinate and manage meetings or events	()	()	()	()	()
b. Deliver presentations	()	()	()	()	()
c. Work with the media and public relations	()	()	()	()	()
d. Manage a project	()	()	()	()	()
e. Community outreach	()	()	()	()	()
f. Recruit, manage or train volunteers	()	()	()	()	()

13. How much confidence do you have that you could:*

	No confidence at all	Very little confidence	Moderate confidence	Much confidence	Complete confidence
a. Set priorities for multiple tasks	()	()	()	()	()
b. Adapt to new situations	()	()	()	()	()
c. Seek new information to learn new or better ways of doing things	()	()	()	()	()
d. Follow through to complete assigned tasks	()	()	()	()	()

This section of the survey asks about how you achieve your goals.

Achieving Goals

14. How much do you agree or disagree that each of the following statements describes you:*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. I am confident that I could deal efficiently with unexpected events.	()	()		()	()
b. Thanks to my resourcefulness, I know how to handle unforeseen situations.	()	()		()	()
c. I can solve most problems if I invest the necessary effort.	()	()		()	()
d. I can remain calm when facing difficulties because I can rely on my coping abilities.	()	()		()	()
e. When I am confronted with a problem, I can usually find several solutions.	()	()		()	()
f. If I am in trouble, I can usually think of a solution.	()	()		()	()
g. I can usually handle whatever comes my way.	()	()		()	()

This section of the survey asks your opinion about the importance and desirability of relationships between people of different background, how often you participate in group situations working out conflicts and sharing ideas, and the techniques you use to encouraging participation when in group situations.

Cultural Competency

*15. How much do you agree or disagree that each of the following statements describes you:**

	Strongly disagree	Disagree	Agree	Strongly agree
a. I can verbally communicate my ideas to other people	()	()	()	()
b. I listen to other people's opinions or position on an issue	()	()	()	()
c. I collaborate on projects as a team member to achieve a shared goal	()	()	()	()
d. I get along with other people in my work environment	()	()	()	()
e. I resolve conflicts through discussion and dialog	()	()	()	()
f. I treat other people with courtesy and respect	()	()	()	()

16. How often do you do the following:*

	Never	Rarely	Sometimes	Often	Very Often
a. I try to understand other people's ideas and opinions before arguing or stating my own.	()	()	()	()	()
b. I try to present my ideas without criticizing the ideas of others.	()	()	()	()	()
c. I encourage different points of view without worrying about agreement.	()	()	()	()	()
d. I try to consider all points of view or possible options before forming an opinion or making a decision.	()	()	()	()	()
e. I encourage the participation of other people and support their right to be heard.	()	()	()	()	()
f. I help find solutions when unexpected problems arise.	()	()	()	()	()

17. How much do you agree with the following statements:*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. If people from different backgrounds took the time to understand each other, there wouldn't be so many social problems.	()	()		()	()
b. I feel comfortable belonging to groups where people are different from me.	()	()		()	()
c. Diverse viewpoints bring creativity and energy to a work group.	()	()		()	()
d. Multicultural teams can be stimulating and fun.	()	()		()	()
e. People are more motivated and productive when they feel they are accepted for who they are.	()	()		()	()
f. Diversity brings many perspectives to problem-solving.	()	()		()	()
g. I feel comfortable in forming friendships with people who are different from me.	()	()		()	()

The questions in this section ask your opinions on contributing to public life and participating in solving public problems, and volunteer experience.

Participation in Solving Public Problems

*18. How much do you agree or disagree with the following:**

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. I feel a personal obligation to contribute in some way to my community.	()	()		()	()
b. I am actively involved in issues that positively affect my community.	()	()		()	()
c. I can make a difference in my community or neighborhood.	()	()		()	()
d. I am not active but plan to become active in issues that positively affect my community.	()	()		()	()
e. I feel I have the ability to make a difference in my community.	()	()		()	()
f. I try to find the time or a way to make a positive difference in my community.	()	()		()	()

19. If you found out about a problem in your community that you wanted to do something about, how well do you think you would be able to do each of the following:*

	I definitely could NOT do this	I probably could NOT do this	I'm not sure if I could do this	I probably could do this	I definitely could do this
a. Create a plan to address the problem	()	()	()	()	()
b. Get other people to care about the problem	()	()	()	()	()
c. Organize and run a meeting	()	()	()	()	()
d. Express your views in front of a group of people	()	()	()	()	()
e. Identify individuals or groups who could help you with the problem	()	()	()	()	()
f. Express your views on the Internet or through social media	()	()	()	()	()
g. Call someone on the phone you had never met before to get their help with the problem	()	()	()	()	()
h. Contact an elected official	()	()	()	()	()

about the problem					
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Participation in Public Life

*20. Are you eligible to vote in the state where you live?**

- Yes
- No, not eligible to vote
- Don't know

*21. How likely are you to vote in future national/general elections?**

- Definitely will not vote
- Probably will not vote
- Probably will vote
- Definitely will vote

This is the final section of the survey. These questions are about you in order to help us better understand participants' background and experiences.

Member Background and Experiences

*22. Please select the highest level of education you have completed.**

- Middle school GO TO Q22
- Some high school, I do not have a diploma or certificate GO TO Q22
- High school diploma or GED
- Technical school / Apprenticeship certificate or degree
- Some college GO TO Q23
- Associate's degree
- Bachelor's degree
- Graduate degree
- Other - Write In (Required): _____ *

*22. Do you plan to get a high school diploma or GED?**

- Yes
- No
- Not Sure

*23. When were you born?**

Month: _____

Year: _____

24. What were you doing in the last six months?	Yes	No
a. Working in the private sector	()	()
b. Working in the nonprofit or social service sector	()	()
c. Working in the public/government sector	()	()
d. Attending high school	()	()
e. Attending a vocational/technical training program	()	()
f. Attending college	()	()
g. Attending graduate school	()	()
h. Engaged in another national service experience	()	()
i. Working in my own small business	()	()
j. I am not in school / taking a break from school		
k. Working in food preparation and serving related occupations (e.g., waitress, server, cook, bar tender, food service, baker, deli clerk)		
l. Working at a nonprofit or social entrepreneurship venture that I created	()	()
m. Serving in the military	()	()
n. Not working/unemployed – this means you did not have a job and you were actively looking for work	()	()
o. Other	()	()

24o. If other, please describe what you have been doing in the last six months.*

25. Do you consider yourself of Hispanic or Latino origin?*

No

Yes

26. What is your race? [Check all that apply]*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Member Background and Experiences

27. In the last six months, what was your living arrangement?

	Yes	No
a. Live at home with one or more parents or guardians	<input type="checkbox"/>	<input type="checkbox"/>
b. Live with friend or relative and did not pay rent	<input type="checkbox"/>	<input type="checkbox"/>
c. Live in a dormitory on a college campus / off campus college housing	<input type="checkbox"/>	<input type="checkbox"/>
d. Live in an apartment or home where you paid rent	<input type="checkbox"/>	<input type="checkbox"/>
e. Live in a residential program (e.g., JobCorps, military housing)	<input type="checkbox"/>	<input type="checkbox"/>
f. Homeless, live in a motel or hotel room / live in boarding house, halfway house, or board and care facility	<input type="checkbox"/>	<input type="checkbox"/>
g. In (or aging out of) foster care or I lived with a relative through a state-supervised kinship or guardianship program	<input type="checkbox"/>	<input type="checkbox"/>
h. I have had other living arrangements. Please describe below.	<input type="checkbox"/>	<input type="checkbox"/>

27h. Other living arrangements: *

*28. Please check all of the following that previously applied or currently apply to you:**

	Yes	No
a. I speak a language other than English.	<input type="checkbox"/>	<input type="checkbox"/>
b. I returned to school after initially being expelled or dropped out		
c. I left home and remained away without parental or guardian permission.	<input type="checkbox"/>	<input type="checkbox"/>
d. I was convicted of an offense as a juvenile or adjudicated as a juvenile offender.	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a physical impairment that has a substantial impact on my ability to carry out day-to-day activities.	<input type="checkbox"/>	<input type="checkbox"/>
f. I have a mental impairment that has a substantial impact on my ability to carry out day-to-day activities.	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Background

29. *What is this parent's or guardian's relationship to you?**

- Biological Mother
- Biological Father
- Adoptive Mother
- Adoptive Father
- Stepmother
- Stepfather
- Foster Mother
- Foster Father
- Female Partner of your Parent or Guardian
- Male Partner of your Parent or Guardian
- Grandmother
- Grandfather
- Other Female Relative
- Other Male Relative
- Other Female Guardian
- Other Male Guardian
- No Parent GO TO Q38
- I do not want to answer GO TO Q38

30. *What is the highest level of education completed by this parent/guardian?**

- Less than high school completion
- Completed a high school diploma, GED or alternative high school credential
- Completed a certificate or diploma from a school that provides occupational training
- Completed an Associate's degree
- Completed a Bachelor's degree
- Completed a Master's degree
- Completed a Ph.D., M.D., law degree, or other high level professional degree
- Don't know

31. *Does this parent/guardian currently hold a job for pay?**

- Yes GO TO Q33
- No GO TO Q32
- Don't Know GO TO Q32

32. *Has this parent/guardian ever held a job for pay?**

- Yes
- No
- Don't Know

33. *Do you have another parent or guardian in the same household?**

- Yes GO TO Q34
 - No GO TO Q38
-

Parent/Guardian Background (Parent/Guardian 2)

34. *What is this parent's or guardian's relationship to you?**

- Biological Mother
- Biological Father
- Adoptive Mother
- Adoptive Father
- Stepmother
- Stepfather
- Foster Mother
- Foster Father
- Female Partner of your Parent or Guardian
- Male Partner of your Parent or Guardian
- Grandmother
- Grandfather
- Other Female Relative
- Other Male Relative
- Other Female Guardian
- Other Male Guardian
- I do not want to answer GO TO Q38

35. *What is the highest level of education completed by this parent/guardian?**

- Less than high school completion
- Completed a high school diploma, GED or alternative high school credential
- Completed a certificate or diploma from a school that provides occupational training
- Completed an Associate's degree
- Completed a Bachelor's degree
- Completed a Master's degree
- Completed a Ph.D., M.D., law degree, or other high level professional degree
- Don't know

36. *Does this parent/guardian currently hold a job for pay?**

- Yes GO TO Q38
- No GO TO Q37

37. *Has this parent/guardian ever held a job for pay?**

- Yes
- No
- Don't Know

Final Questions About You

38. *What is your gender?**

- Male
- Female
- Other - Write In (Required): _____ *

39. *Have you served on active duty in the military **

- No
- Yes

40. Where do you currently live?*

City or town*: _____

Zip code*: _____

Contact information for the follow-up surveys

Thank you again for taking the time to participate in this survey.

Just to make sure we are able to contact you for the follow-up survey, could you provide your contact information.

We will protect all the information from the surveys and phone interviews. Your information will be (a) stored in a safe and secure manner and (b) only used for research and/or statistical purposes. It will only be shared with CNCS staff and external parties who require the PII to

complete their work. You will only be contacted for the purpose of this study. Your participation is voluntary, you can end your participation at any time.

[COMPARISON GROUP will also include this text: We will use the contact information to send you your \$20 gift card.]

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

41. How would you prefer we contact you in the future?

- 1. Phone _____
- 2. Email _____
- 3. Mail _____

42. What is the best phone number, email address, or physical address where you can be reached?

Contact Information for Relative and Friend:

In order for the research team to reach you for the next survey, please answer the next two questions about how to find you.]

43. Is there a relative or friend, who does not live in this household, who will always know how to get in touch with you? The research team will only contact this person if it cannot locate you for the next survey.

NO..... 0 **(END THE SURVEY)**

YES..... 1 **(GO TO 44)**

DON'T KNOW 8 **(END THE SURVEY)**

Prefer not to answer 9 **(END THE SURVEY)**

44. What is the name, address, and telephone number of that person?

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

45. What is this person's relationship to you?

- RELATIVE _____ 2
- NEIGHBOR _____ 3
- FRIEND _____ 4
- OTHER (SPECIFY) _____ 7
- PREFER NOT TO ANSWER 9

46. Is there another relative or friend, who does not live in this household, who will always know how to get in touch with you? The research team will only contact this person if it cannot locate you for the next interview.

- NO..... 0 **(END SURVEY)**
- YES..... 1 **(GO TO 47)**
- DON'T KNOW 8 **(END SURVEY)**
- REFUSED 9 **(END SURVEY)**

47. What is the name, address, and telephone number of that person?

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

48. What is this person's relationship to you?

- RELATIVE (SPECIFY) _____ 2
- NEIGHBOR (SPECIFY) _____ 3
- FRIEND (SPECIFY) _____ 4
- OTHER (SPECIFY) _____ 7
- PREFER NOT TO ANSWER 9