

ATTACHMENT A
CREATIVE FORCES COMMUNITY ENGAGEMENT PROGRAM
PARTICIPANT OUTCOMES SURVEY PILOT TEST INSTRUMENTS

ENROLLMENT FORM

Your Creative Forces program is part of a national pilot study of a Participant Outcomes Survey for the Creative Forces®: NEA Military Healing Arts Network Community Arts Engagement Grant Program. The National Endowment for the Arts and its cooperator, Mid-America Arts Alliance, are interested in learning more about the experiences and needs of the people who participate in Creative Forces community arts programs. The pilot data will be used to evaluate and improve the survey. We are very interested in your experience and ideas, and we hope you will share your real thoughts.

As part of this study, data from this enrollment form will be shared with the Veritas Management Group, a research team contracted by Mid-America Arts Alliance as part of the Creative Forces®: NEA Military Healing Arts Network Community Arts Engagement Grant Program. You may be contacted to participate in a pilot test of the survey. Your participation in the pilot test is entirely voluntary, and all information you contribute will be kept fully confidential. You will not receive any compensation for completing this form. You may decline to answer any questions you wish.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The OMB control number for this survey is OMB No. XXXX-XXXX (expires XX/XX/XXXX). The time required to provide responses to the survey questions is estimated to be approximately 6 minutes. Please contact Debra Holden, Ph.D., of Veritas Management Group at debbie@veritasmanagementgroup.com if you have questions about this pilot study or the National Endowment for the Arts at research@arts.gov if you have any questions regarding the estimated time burden or any other aspect of this data collection. If you have any questions about your rights as a participant in the study, you may contact Solutions IRB (the body that oversees our protection of study participants) at (855) 226-4472 or participants@solutionsirb.com.

Please tell us if we have your permission to share information from this enrollment form with the Creative Forces research team. You can still enroll in this program without agreeing to share information from this form. Your decision to share information will in no way impact the outcome of any present or future grant applications, contract proposals, or cooperative agreement proposals with the National Endowment for the Arts or Mid-America Arts Alliance.

- Yes, I grant permission for information from this enrollment form to be shared with the Creative Forces research team.
- No, I do not grant permission for information from this enrollment form to be shared with the Creative Forces research team.

Please feel free to print or save a copy of this form for your records.

1. Name: _____

2. Email address: _____

3. Telephone number: _____

4. Which best describes you? (check all that apply)

- Service Member
 - Active Duty
 - National Guard
 - Reserve
- Veteran
 - Retiree
- Spouse/Partner of a Service Member or Veteran
 - Active Duty Service Member
 - National Guard/Reserve
 - Veteran
- Other Family Member of a Service Member or Veteran
 - Active Duty
 - National Guard/Reserve
 - Veteran
- Caregiver for a
 - Service Member
 - Veteran
- Health care worker serving military-connected populations
- Civilian
- Other _____
- Prefer not to say

5. What is your age?

- 18-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85+

6. Which best describes you? (check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander

- White
- Other Racial/Ethnic Group
- Prefer not to say

7. Do you identify as:

- Female
- Male
- Prefer not to say