

# LCTV Orientation Survey

*In an effort to improve LCTV's Orientation session and the volunteer experience,  
please take a moment to fill out this brief post-Orientation survey.*

\_\_\_ I prefer to fill out this survey anonymously.

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Survey Questions

### 1. How did you hear about LCTV?

- a. the Dale Association's Lifelong Learning Catalog b. local newspaper c. I was guest on a program.  
d. I was watching the channel e. Other (please specify) \_\_\_\_\_

### 2. Once you are trained are you willing to volunteer on other LCTV programs?

- a. No b. Yes (and if "yes" may LCTV give out your contact information to other volunteers? a. No b. Yes )

### 3. What do you hope to accomplish at LCTV?

- a. to produce my own program at LCTV b. to simply learn a bit more about video production or LCTV c. to volunteer my time at LCTV.

### 4. Was the information at LCTV's Orientation session conducted in a clear & understanding manner?

- a. Yes b. No, I felt \_\_\_\_\_ (please fill in desired subject) needed more clarification.

### 5. Did you understand that LCTV acts as a vehicle for your program and provides the tools & training for you but does not act as the producer of your program?

- a. Yes, I understand that I will be producing the programming myself.  
b. No, I thought LCTV would provide my crew.

### 6. Do you understand issues surrounding eligibility to produce a program at LCTV?

- a. Yes b. No, I feel I need further clarification.

### 7. Do you understand how the training process will work and what is required to proceed at LCTV?

- a. Yes b. No

### 8. Do you plan on attending any/all of LCTV's upcoming classes?

- a. Yes, I plan on signing up. b. No I do not plan on attending (if not please indicate why?)

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