

# LCTV Volunteer Survey

*In an effort to improve LCTV's volunteer experience please take a moment to fill out this brief survey.*

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

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

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

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

**1. How do you feel LCTV could improve your volunteer experience?**

**2. Do you feel LCTV provides you with appropriate equipment in a good working order to meet your production needs?**

a. Yes b. No I feel the \_\_\_\_\_ equipment needs improvement.

**3. How do you find equipment resources and studio availability?**

a. readily available b moderately available c. unavailable for my needs

**4. Do you find staff accessible to help with questions that you may have?**

a. Yes b. Somewhat c. No

**5. Do you feel LCTV does enough to promote a fun and active learning environment for new volunteers?**

a. Yes b. Somewhat

c. No, (Please provided suggestions for improvement)

---

---