

PARTICIPANT SURVEY

What you include here is strictly confidential and the responses will only be shared in aggregate form (in grouped form, without names).

Understanding the following information about who we reach is important to us as an organization. Know that while we would really appreciate you filling out this form, your responses to any questions are optional. If there are any questions below that you feel uncomfortable answering, please be in conversation with us about it.

We understand that often the boxes available on forms do not actually capture how we would choose to identify ourselves. And while we have written some possible responses to the following questions, please feel free to write in anything that feels accurate and respectful to you (if you have wording suggestions for future forms, please share them with us).

Also, you do not need to limit yourself to one choice, please write in all that apply.

A. PERSONAL INFORMATION

1. NAME (optional) _____

2. Date of Birth: _____

3. What Zip Code do you live in? _____

4. What is Your Gender? (Please check [✓] **all** that apply)

Male/Man

Gender Queer

Gender Transition

Female/Woman

Gender Variant

Two Spirit

TransMale/TransMan

Gender Nonconforming

Other (Please Specify):

TransFemale/Transwoman

Intersex

5. What racial and ethnic background do you identify with? (Please check [✓] **all** that apply)

If you identify with more than one, fill in the ones with whom you identify. Rank them according to which ones you identify the most #1, #2, #3, #4 (#1 being the one you identify with the most). These options below are somewhat general so please be as specific as you can.

African American/Black:

African:

Asian:

Middle Eastern:

Latino:

White/Non Latino:

Native American/Alaska Native:

Pacific Islander:

Indian (not Native American):

Withheld:

Unknown:

Other (Please Specify):

6. What language are you most comfortable speaking? What language is most often spoken in your home? (Please specify) _____

7. What other languages do you speak? (Please specify) _____

8. What is your sexual orientation/identification? (Please check [✓] **all** that apply)

Bisexual

Heterosexual (straight)

Lesbian

Gay

Asexual

Undecided

Unsure

Don't Understand Definitions

Other (Please Specify):

Withheld

Unknown

9. Do you have any disabilities, challenges, or are you in some way differently-abled?
No Yes (*Please describe*) _____

10. Who lives in the household with you? (*Please check [✓] all that apply*)

| | | |
|--|---|---|
| <input type="checkbox"/> Child [#] | <input type="checkbox"/> Mother [#] | <input type="checkbox"/> Father [#] |
| <input type="checkbox"/> Spouse/Partner [#] | <input type="checkbox"/> Friend [#] | <input type="checkbox"/> Sibling [#] |
| <input type="checkbox"/> Roommates [#] | <input type="checkbox"/> Grandmother [#] | <input type="checkbox"/> Grandfather [#] |
| <input type="checkbox"/> Grandchild [#] | <input type="checkbox"/> I Live Alone | <input type="checkbox"/> Other (<i>Please specify</i>): |

11. What is your Religion/Spiritual Practice? (*Please specify*)

12. What is your **personal** yearly income (before taxes)? (*Please check [✓]*)

| | | |
|---|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$65,000-\$79,999 | <input type="checkbox"/> \$300,000-\$399,000 |
| <input type="checkbox"/> \$10,000-\$24,999 | <input type="checkbox"/> \$80,000-\$100,999 | <input type="checkbox"/> \$400,000-499,999 |
| <input type="checkbox"/> \$25,000-\$39,999 | <input type="checkbox"/> \$101,000-\$199,999 | <input type="checkbox"/> \$500,000-\$599,000 |
| <input type="checkbox"/> \$40,000-\$64,999 | <input type="checkbox"/> \$200,000-\$299,999 | <input type="checkbox"/> More than \$600,000 |
| <input type="checkbox"/> Other (<i>Please specify</i>): | | |

13. What is the approximate **household** yearly income (before taxes)? (*Please check [✓]*)

| | | |
|---|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$65,000-\$79,999 | <input type="checkbox"/> \$300,000-\$399,000 |
| <input type="checkbox"/> \$10,000-\$24,999 | <input type="checkbox"/> \$80,000-\$100,999 | <input type="checkbox"/> \$400,000-499,999 |
| <input type="checkbox"/> \$25,000-\$39,999 | <input type="checkbox"/> \$101,000-\$199,999 | <input type="checkbox"/> \$500,000-\$599,000 |
| <input type="checkbox"/> \$40,000-\$64,999 | <input type="checkbox"/> \$200,000-\$299,999 | <input type="checkbox"/> More than \$600,000 |
| <input type="checkbox"/> Other (<i>Please specify</i>): | | |

14. How did you first hear about Be Present, Inc.? (*Please check [✓] all that apply*)

| | |
|---|--|
| <input type="checkbox"/> Flyer/Brochure | <input type="checkbox"/> Word of Mouth (friend, co-worker, family) |
| <input type="checkbox"/> Email | <input type="checkbox"/> Applied for Job |
| <input type="checkbox"/> Internet/Website | <input type="checkbox"/> Be Present, Inc. Consultancy |
| <input type="checkbox"/> Non-Be Present, Inc. Event (<i>Specify</i>) _____ | <input type="checkbox"/> Other (<i>Specify</i>) _____ |
| <input type="checkbox"/> Media (Radio/TV/Print) | |

15. Which of these Be Present, Inc. activities have you attended? (*Please check [✓] all that apply*)

| | |
|---|---|
| <input type="checkbox"/> Retreat | <input type="checkbox"/> Facilitator Training |
| <input type="checkbox"/> Developer's Meeting | <input type="checkbox"/> Fund Raising Event |
| <input type="checkbox"/> Support Group Meeting | <input type="checkbox"/> One-day Workshop |
| <input type="checkbox"/> Regional Organizing Core Group Meeting | <input type="checkbox"/> Institute on the Issues |
| <input type="checkbox"/> Be Present Consultancy | <input type="checkbox"/> Other (<i>Specify</i>) _____ |

16. How are you connected with Be Present Leadership Network? (*Please check [✓] all that apply*)

- This training is **my first experience** with this work.
- Peer Support Group _____ # of Years _____ # of Months
- Regional Organizing Core Group _____ # of Years _____ # of Months
 - Atlanta Sisters & Allies
 - Bay Area Sisters & Allies
 - New York/New Jersey/Philadelphia Sisters & Allies
 - Emerging Core Group (*Please specify*) _____
- National Board of Directors
 - Current
 - Former (*Please specify when*) _____

- Committee Member *(Please specify)* _____
- Partner Organization *(Please specify)* _____
- Other *(Please specify)* _____

17. What other organizations or groups are you affiliated with? *(Please specify)*

B. IMPACT ON SELF

To what extent did this training retreat give you information/insight on creating change for **YOURSELF** (your personal knowledge, understanding, beliefs or skills)? Rate each item below on a scale from **1** (low impact) to **5** (high impact). **PLEASE CHECK /✓/ the number which best describes your position.** If you are **uncertain** about any of these effects, or if it is **too early to say**, please check **U**. If it **does not apply**, and probably never will, please check **N/A**.

| | LOW | | HIGH | | | U | N/A |
|--|-----|---|------|---|---|-----------|-----|
| | 1 | 2 | 3 | 4 | 5 | Uncertain | |
| Being aware of my thoughts, emotions, views, habits (self-awareness) | | | | | | | |
| Knowing my own needs, values, actions (self-knowledge) | | | | | | | |
| Trusting myself | | | | | | | |
| Trusting others | | | | | | | |
| Making choices that support my well-being | | | | | | | |
| Believing that my voice matters | | | | | | | |
| Making better decisions | | | | | | | |
| Listening to others without judgment | | | | | | | |
| Believing that together we can make a difference | | | | | | | |
| Recognizing dynamics of race, gender, class, identify, and power, among others | | | | | | | |
| Identifying the effect of these issues on my understanding of self | | | | | | | |
| Identifying the effect of these issues on my understanding of others | | | | | | | |
| Being more effective as a leader | | | | | | | |

Other *(Please Specify)* _____

Please choose one or more from above and share an experience (story) that highlights your growth or learning in this area(s):

C. IMPACT ON FAMILY, SCHOOL, ORGANIZATION/WORKPLACE, COMMUNITY

To what extent did this training retreat give you information/insight on creating change in your **FAMILY, SCHOOL, ORGANIZATION/WORKPLACE, and/or COMMUNITY**? Rate each item below on a scale from **1 (low impact)** to **5 (high impact)**. **PLEASE CHECK / ✓ the number which best describes your position.** If you are **uncertain** about any of these effects, or if it is too early to say, please **check U**. If it **does not apply**, and probably never will, please check **N/A**.

LOW

HIGH

| | 1 | 2 | 3 | 4 | 5 | U Uncertain | N/A |
|---|---|---|---|---|---|----------------|-----|
| Communicating | | | | | | | |
| Building trust with family members | | | | | | | |
| Building trust with staff (organization) | | | | | | | |
| Building trust with peers | | | | | | | |
| Building trust with community members | | | | | | | |
| Developing partnerships across differences | | | | | | | |
| Nurturing the leadership of children and youth | | | | | | | |
| Facilitating open dialogue (exchange of ideas, information, opinions) | | | | | | | |
| Resolving conflict in constructive ways | | | | | | | |
| Building a diverse social justice movement | | | | | | | |
| Addressing issues of diversity, equity and inclusion | | | | | | | |
| Supporting individuals and groups to influence issues that affect them and their communities (civic engagement) | | | | | | | |

Other (please specify) _____

Please choose one or more from above and share an experience (story) that highlights your growth or learning in this area(s):

ADDITIONAL COMMENTS (Use back of page if necessary):

THANK YOU!

Your feedback is very important to our work together.