



Police Survey – Completion of Program

To be completed by all police officers taking part in programs receiving funding.

Section A

1. **Program Name:** _____
2. **Rank:** _____
3. **District/Division:** _____
4. **Years of Service:** _____

5. **Age:** 18-35 36- 50 51+
6. **Gender:** Male Female Non-Specific
7. **How many hours did you spend on the program?** **On-Duty:** _____ **Off-Duty:** _____
8. **How many ProAction funded programs have you been involved in?** _____

Section B

Please circle the number that best describes your experience with the program.	Never	Rarely	Sometimes	Often	Always
1. I was treated in a respectful manner.	1	2	3	4	5
2. I learned something new by volunteering for a youth program.	1	2	3	4	5
3. I liked spending time with youth in the community.	1	2	3	4	5
4. I would recommend participating in a police/youth program to a colleague.	1	2	3	4	5
5. My activities in the community have made a difference.	1	2	3	4	5

