



Member Agency

Training Needs Assessment

This survey should take approximately 5-10 minutes to complete. Once you have completed the survey please fax it to 330.996.5337 or mail to Akron-Canton Regional Foodbank, Attn: Adrienne Bradley, 350 Opportunity Parkway, Akron, OH 44307-2234. If you would like an electronic version of the survey, it can be found at www.acrfb.org, under the Agency Zone portion of the website. Please return this survey **BEFORE Monday, August 9, 2010.**

Part I: General Information

Agency
Name: _____

Agency ID #: _____

Email: _____

Type of Program (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Youth Program | <input type="checkbox"/> Seasonal Program |
| <input type="checkbox"/> Hot Meal | <input type="checkbox"/> Senior Program | <input type="checkbox"/> Direct Distribution |
| <input type="checkbox"/> Shelter/Trans. Housing | <input type="checkbox"/> Parent & Infant Program | <input type="checkbox"/> Kids Café |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> After School Program | <input type="checkbox"/> Backpack for Kids |
| <input type="checkbox"/> Rehabilitation Program | Other: _____ | |

What other program/service does your agency offer? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Clothing Assistance |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Rehabilitation Program |
| <input type="checkbox"/> Rent/Utility Assistance | Other: _____ |

Would you attend training for a minimal fee?

- Yes No

A training session should last

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> 90 minutes |
| <input type="checkbox"/> 60 minutes | <input type="checkbox"/> 120 minutes |

Part II: Training Assessment Needs

Place an "√" in the column of the trainings listed below you would be interested in if provided by the Foodbank:

Training Topics

Please check ALL that apply



- | | | |
|-----|---|--------------------------|
| 1. | Cooking Large Sized Meals | <input type="checkbox"/> |
| 2. | Fire Safety | <input type="checkbox"/> |
| 3. | How to Run a Choice Pantry | <input type="checkbox"/> |
| 4. | Diabetes Awareness Education | <input type="checkbox"/> |
| 5. | Computers/Windows Basics/Word/Excel | <input type="checkbox"/> |
| 6. | Internet/E-mail | <input type="checkbox"/> |
| 7. | Volunteer Management/Recruitment | <input type="checkbox"/> |
| 8. | Bridges out of Poverty | <input type="checkbox"/> |
| 9. | Grant Writing/ Fundraising Basics | <input type="checkbox"/> |
| 10. | Letter Writing/Business Correspondence | <input type="checkbox"/> |
| 11. | Best Practices for Operating a Pantry | <input type="checkbox"/> |
| 12. | How to Pass a Site Visit and Go Beyond | <input type="checkbox"/> |
| 13. | Accessing Social Services for Low income Clients | <input type="checkbox"/> |
| 14. | How to Run a Hot Meal Program | <input type="checkbox"/> |
| 15. | First Aid & CPR | <input type="checkbox"/> |
| 16. | Obesity & Nutrition | <input type="checkbox"/> |
| 17. | USDA – Federal and State Guidelines | <input type="checkbox"/> |
| 18. | Dealing with Difficult Clients: Conflict Resolution | <input type="checkbox"/> |
| 20. | ServSafe Certification | <input type="checkbox"/> |

Please add any additional topics we do not have listed that you are interested in.

Other #1 _____

Other #2 _____

Other #3 _____

Additional Comments

Thank you for your participation!