



# Muskegon County Youth Advisory Committee Youth Needs Assessment Survey

The Community Foundation for Muskegon County Youth Advisory Committee is made up of approximately 15 area high school students who make recommendations to the Foundation about grants supporting programs to benefit young people in Muskegon County.

In order to make recommendations that best meet the needs and interests of Muskegon County young people, we are asking you to help us by filling out this survey. This survey is a quick way for you to give your input on:

- the important issues facing young people in Muskegon County
- leisure time activities.

It should take about 5 minutes to complete the entire survey. Thank you for helping us out!

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School \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Male or Female (circle one)

\*\*\*\*\*

### Important Issues

1. From this list, or other issues you write in, please pick **FIVE ISSUES** you think are of greatest concern to the well being of youth (age 13-18) in Muskegon County.

- |                                                 |                                                      |                                             |
|-------------------------------------------------|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Academic Stress        | <input type="checkbox"/> Expectations/Stress         | <input type="checkbox"/> Self-esteem        |
| <input type="checkbox"/> Access to Counselors   | <input type="checkbox"/> Family Communication        | <input type="checkbox"/> Sexual Abuse       |
| <input type="checkbox"/> Alcohol Use            | <input type="checkbox"/> Family Neglect/Violence     | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Child Care             | <input type="checkbox"/> Gun Availability            | <input type="checkbox"/> STD/STI/AIDS       |
| <input type="checkbox"/> Crime                  | <input type="checkbox"/> Health Care                 | <input type="checkbox"/> Suicide            |
| <input type="checkbox"/> College/Future Plans   | <input type="checkbox"/> Illiteracy                  | <input type="checkbox"/> Teen Pregnancy     |
| <input type="checkbox"/> Date Rape              | <input type="checkbox"/> In School violence/bullying | <input type="checkbox"/> Tobacco Use        |
| <input type="checkbox"/> Depression             | <input type="checkbox"/> Job availability            | <input type="checkbox"/> Violence in media  |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Juvenile delinquency        | <input type="checkbox"/> Violent Crime      |
| <input type="checkbox"/> Drug Use               | <input type="checkbox"/> Male/female relationships   | <input type="checkbox"/> Youth in Poverty   |
| <input type="checkbox"/> Drunk Driving          | <input type="checkbox"/> Neighborhood Crime          | _____                                       |
| <input type="checkbox"/> Eating Disorders       | <input type="checkbox"/> Peer Communication          | _____                                       |
| <input type="checkbox"/> Emergency Food/Shelter | <input type="checkbox"/> Race Relations              | _____                                       |
| <input type="checkbox"/> Environment/Ecology    | <input type="checkbox"/> Recreational Activities     |                                             |

2. What three words would you use to describe being a teenager in Muskegon County?

- 1.
- 2.
- 3.

3. If you were able to make one change to make things better for teens in Muskegon County, what would it be?

4. What do you currently do during your free time? Check all that apply.

- |                                 |                                        |                                     |
|---------------------------------|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> work   | <input type="checkbox"/> study         | <input type="checkbox"/> volunteer  |
| <input type="checkbox"/> church | <input type="checkbox"/> hang out with | <input type="checkbox"/> recreation |
| <input type="checkbox"/> family | <input type="checkbox"/> friends       | <input type="checkbox"/> other      |
| <input type="checkbox"/> sports | <input type="checkbox"/> music or art  |                                     |

5. What do you do for fun on weekends? Check all that apply.

- |                                        |                                   |
|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> sports events | <input type="checkbox"/> concerts |
| <input type="checkbox"/> movies        | <input type="checkbox"/> parties  |
| <input type="checkbox"/> read          | <input type="checkbox"/> study    |
| <input type="checkbox"/> take classes  |                                   |

6. What limits you from participating in after school and/or weekend activities?

- |                                           |                                 |
|-------------------------------------------|---------------------------------|
| <input type="checkbox"/> not enough time  | <input type="checkbox"/> family |
| <input type="checkbox"/> work obligations | <input type="checkbox"/> money  |
| <input type="checkbox"/> transportation   |                                 |

7. How do you find out about what is going on? Check all that apply.

- |                                        |                                                  |
|----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> school fliers | <input type="checkbox"/> Internet/e-mail         |
| <input type="checkbox"/> friends       | <input type="checkbox"/> TV                      |
| <input type="checkbox"/> newspaper     | <input type="checkbox"/> community organizations |
| <input type="checkbox"/> parents       |                                                  |

8. What activities are you involved in?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

9. Are you too busy?  Yes  No

10. Are you busy enough?  Yes  No

11. Are you content with your level of participation?  Yes  No

12. Additional Comments:

**Thank you for your participation.**