

Organization: _____

Program: _____

Survey type: *Pre Survey*

Are you completing this survey for yourself, or on behalf of someone else?

<input type="checkbox"/>	For myself
<input type="checkbox"/>	On behalf of someone else

Active and Engaged Citizenship

1. How often have you participated in each the following service activities over the last 12 months?

a. Volunteering Your Time (at a hospital, day care center, food bank, youth program, community service agency)

1 Never	2 Once a Month, or less	3 A couple times a Month	4 Once a Week	5 A few times a Week	6 Every day	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Mentoring/Peer Advising

1 Never	2 Once a Month, or less	3 A couple times a Month	4 Once a Week	5 A few times a Week	6 Every day	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Tutoring

1 Never	2 Once a Month, or less	3 A couple times a Month	4 Once a Week	5 A few times a Week	6 Every day	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During the last 12 months, how many times have you been a leader in a group or organization?

1 Never	2 Once	3 Twice	4 3-4 times	5 5 or more times	N/A
<input type="checkbox"/>					

Reichard's Leadership Emergence Scale

This section of the survey contains questions related to your experience in leadership positions outside of work and class room activities. Work includes classroom activities in school, but not extracurricular activities.

1. How frequently you have engaged in the following as part of your duties **outside of work**?

a. Taken charge of a special project

1 Never	2 Yearly	3 Monthly	4 Weekly	5 Daily	N/A
<input type="checkbox"/>					

b. Asked to represent a team's position

1 Never	2 Yearly	3 Monthly	4 Weekly	5 Daily	N/A
<input type="checkbox"/>					

c. Presented results of a special project to members of an organization

1 Never	2 Yearly	3 Monthly	4 Weekly	5 Daily	N/A
<input type="checkbox"/>					

d. Planned or coordinated a special event

1 Never	2 Yearly	3 Monthly	4 Weekly	5 Daily	N/A
<input type="checkbox"/>					

e. Coached/mentored others

1 Never	2 Yearly	3 Monthly	4 Weekly	5 Daily	N/A
<input type="checkbox"/>					

2. Since high school and excluding any work-related roles, have you held any leadership positions in any of the following areas? If you are still in school, consider extracurricular activities outside of the classroom. Please Select All that Apply

<input type="checkbox"/>	Church/Religious Group	<input type="checkbox"/>	Military
<input type="checkbox"/>	City-based Organization (City Council, Chamber of Commerce)	<input type="checkbox"/>	Political
<input type="checkbox"/>	Community Service Group	<input type="checkbox"/>	Sports organization
<input type="checkbox"/>	Social Awareness Organization	<input type="checkbox"/>	Other volunteer organization
<input type="checkbox"/>	Social/Recreational Club	<input type="checkbox"/>	Business Based Organization (e.g. Chamber of Commerce, Business Societies)
<input type="checkbox"/>	Academic/Educational	<input type="checkbox"/>	International Organization

3. What is the maximum number of people you have supervised outside of work? This can include activities outside of the classroom at school.

_____ people

4. What percentage of time OUTSIDE OF WORK do you spend supervising one or more people? This can include activities outside of the classroom at school.

_____ %

5. Please list all leadership positions or offices you have held since high school. If you are still in school, consider extracurricular activities outside of the classroom.

Position 1: _____

Position 2: _____

Position 3: _____

Position 4: _____

Position 5: _____

Position 6: _____

6. On average, how many hours per month do you participate in all forms of community service?

_____ hours

7. I have NEVER led a group (at work or outside of work, formal or informal). This includes classroom and extracurricular activities at school.

True	False
<input type="checkbox"/>	<input type="checkbox"/>

Please provide us with the demographic information listed below. If you are administering the survey on behalf of someone else, please provide their demographic information. All answers are optional.

Gender: _____

In what year were you born? _____

What are the first three digits of your postal code? _____

You are asked to complete this anonymous survey to help better understand the impact of the program on participants. We ask you to complete the survey once before you begin your program, and again when you complete your program. You are completely anonymous in this process. We do not attempt to match survey responses with specific program participants in any way.

The questions below are optional. They will help us match your responses from the survey at the start of the program with your responses to the survey at the end of the program.

What is your Participant ID (provided by your program)? _____

On which day of the month were you born? For example, if you were born on June 23, you would write 23 below. If you entered a Participant ID, you do not need to answer this question.

This is the end of the questionnaire, thank you for participating.