

Hour Exchange Portland Demographics Survey

Please note this survey is voluntary. This information is kept completely confidential. HEP asks for this information so that in applying for grants we can demonstrate which populations we serve.

Today's date	
Your name	
Race/Ethnicity	

Employment status (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Stay-at-home parent |
| <input type="checkbox"/> Unemployed | |
| <input type="checkbox"/> Other _____ | |

Level of education (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> any grade up through 11 th grade | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Complementary/Alternative Licensed
Healthcare Professional |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Mainstream/Allopathic Licensed Healthcare
Professional |
| <input type="checkbox"/> Bachelor's degree | |
| <input type="checkbox"/> Master's degree | |
| <input type="checkbox"/> Other (please specify) _____ | |

In what languages are you fluent? _____

HEP is always in need of volunteers (who are compensated with Time Dollars). With which area(s) would you be interested in helping?

- | | |
|---|--|
| <input type="checkbox"/> Member Care Team | <input type="checkbox"/> Grantwriting |
| <input type="checkbox"/> Potlucks and social events | <input type="checkbox"/> Research |
| <input type="checkbox"/> EBuddy/New Member Mentor | <input type="checkbox"/> Writing |
| <input type="checkbox"/> New member orientation | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Organizational Member Liaison |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Board of Directors member |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Office support |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Phone calls |
| <input type="checkbox"/> Event helper | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Organizing/filing |
| <input type="checkbox"/> Computer | |

Other: (please specify) _____

How did you hear about Hour Exchange Portland? _____

Thank you so much for completing this survey, and welcome to Hour Exchange Portland!