



# CITY OF ALBANY DEPARTMENT OF RECREATION

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## Community Center Survey

1. Age: \_\_\_\_\_ 2. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
  
3. Number of days you come to the community center: \_\_\_\_\_
  
4. When you are at the center, what do you like to do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What kind of activities or programs would you like to see at the community center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. If you could change one thing at the community center, what would it be?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. What do you want to be when you grow up? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Circle programs you would be interested in:  
  
Dance      Cooking      Yoga      Basketball      Weight-room  
Swimming Club/Classes      Art Classes      Music Classes  
Homework Help      Job Assistance      Computer Lab  
Other Sports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_