

**COMMUNICATIONS
FOR SOCIAL CHANGE**

Survey of Needs and Resources

The following information will be used to create an online Directory for the Communications for Social Change Network. Thank you for taking the time to complete this form.

1. CONTACT INFORMATION

Name _____

Home Address _____

Street

City

State

Zip

Country

Home Telephone #

Fax #

Email address

Organization Name _____

Office Address _____

Street

City

State

Zip

Country

Office Telephone #

Fax #

Email

Please indicate one of the above as your primary mailing address? ___ Home ___ Office

2. TELECOMMUNICATIONS

Do you have a Telephone? ___ Yes ___ No

Do you have a computer? ___ Yes ___ No

If yes, what kind? _____

Do you have access to Email? ___ Yes ___ No

Do you need training in how to use Email? ___ Yes ___ No

3. FIELD INFORMATION

Please check the field with which you most closely associate yourself (limit one).

- | | |
|--|---|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Health |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Appropriate Technology | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Civic Participation | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Communications/Media | <input type="checkbox"/> Law and Legal Aid |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Consumer Rights | <input type="checkbox"/> Peace |
| <input type="checkbox"/> Cultural Preservation | <input type="checkbox"/> Population |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Economics/Income Generation | <input type="checkbox"/> Prisons |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Race and Ethnicity |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Rural Development |
| | <input type="checkbox"/> Urban Development |
| | <input type="checkbox"/> Women |
| | <input type="checkbox"/> Other _____ |

Please check all other fields with which you wish to be indexed.

- | | |
|--|---|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Health |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Appropriate Technology | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Civic Participation | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Communications/Media | <input type="checkbox"/> Law and Legal Aid |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Consumer Rights | <input type="checkbox"/> Peace |
| <input type="checkbox"/> Culture Preservation | <input type="checkbox"/> Population |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Economics/Income Generation | <input type="checkbox"/> Prisons |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Race and Ethnicity |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Rural Development |
| | <input type="checkbox"/> Urban Development |
| | <input type="checkbox"/> Women |
| | <input type="checkbox"/> Other _____ |

4. WHO DO YOU SERVE?

Please check the target populations with whom you work.

- | | |
|---|---|
| <input type="checkbox"/> Children and Youth | <input type="checkbox"/> Gay/Lesbian/Bisexual |
| <input type="checkbox"/> Street Children | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Prostitutes | <input type="checkbox"/> Women |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Media | <input type="checkbox"/> Prisoners |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Indigenous | |

5. GEOGRAPHIC AREA(S)

Where is most of your work carried out? _____

In what other geographic areas are you working? _____

Are there any specific locations to which you travel frequently or with regularity during a given year? ___ Yes ___ No

If yes, please indicate where and when. _____

6. IDEA

Please describe your project briefly.

Which communications ^{activities} have helped you spread the impact of your idea?

How would you measure their success?

What did not work? Why?

Imagine you are feeding into a communications curriculum for social change practitioners. What are 3-5 aspects of your communications activities that made them successful?

In which of the following areas could you benefit from training? (Check as applicable)

- | | |
|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Developing <i>institutional identity</i> | <input type="checkbox"/> Speech Writing |
| <input type="checkbox"/> Drama/Theater | <input type="checkbox"/> Public/Media Relations |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Promotional Materials (newsletter) | <input type="checkbox"/> Radio, Television, Video |
| <input type="checkbox"/> Puppetry | <input type="checkbox"/> Capital Campaigns |
| <input type="checkbox"/> Video Productions | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Web-related technology | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Measuring Effectiveness | <input type="checkbox"/> Cause-related Marketing |
| | <input type="checkbox"/> Other _____ |

What type of communications events or training would you like to see organized?

7. PUBLICATIONS AND REFERENCES

If you would like to recommend publications that you feel would be helpful for those working on Communications for Social Change, please list them below.

8. CONSULTING

Are you interested in being referred to outside organizations? Yes No

If yes, please describe your consulting experience and/or areas of interest and expertise.

9. EXPERTISE AND SERVICES

Are you willing to share expertise with others on a pro-bono basis? Yes No

If yes, please describe what expertise or service(s) you are able to share.

- | | |
|---|---|
| <input type="checkbox"/> Developing Institutional Identity | <input type="checkbox"/> Public Media Relations |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Speech Writing |
| <input type="checkbox"/> Video Production | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Promotional Materials (newsletters, brochures, etc.) | <input type="checkbox"/> Web-related Technology |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Puppetry |
| <input type="checkbox"/> Cause-related Marketing | <input type="checkbox"/> Other |

10. PROFESSIONAL ASSOCIATIONS/NETWORKS

Please list any networks, professional associations, or institutions which have been helpful in your communications work that you would recommend to other colleagues.

Name _____

Contact information _____
(Address, City, State; Telephone &/or Fax)

Brief description _____

Name _____

Contact information _____
(Address, City, State; Telephone &/or Fax)

Brief description _____

Name _____

Contact information _____
(Address, City, State; Telephone &/or Fax)

Brief Description _____

Name _____

Contact Information _____
(Address, City, State; Telephone &/or Fax)

Brief Description _____

11. TRAINING

Please list any communications training you have attended that you would recommend.

Conference/Topic/Course title _____

Contact Information _____
(Address, City, State; Telephone &/or Fax)

Brief Description _____

Conference/Topic/Course title _____

Contact Information _____

(Address, City, State; Telephone &/or Fax)

Brief Description _____

Conference/Topic/Course title _____

Contact Information _____

(Address, City, State; Telephone &/or Fax)

Brief Description _____

Conference/Topic/Course title _____

Contact Information _____

(Address, City, State; Telephone &/or Fax)

Brief Description _____