VOLUNTARY WORKER SURVEY

The Workforce Development Division of the State Department of Labor and Industrial Relations, with One-Stop Job Centers, offers employment referrals, job retraining, and related services to help workers transition to other jobs. To improve the effectiveness of services, it would be appreciated if you would complete this survey of your skills and interests to help in the planning and designing of services.

Survey

1) Job title: ____________________________  Pay rate: ___________ (circle one) hr/mon/yr
   Briefly describe duties: _______________________________________________________

2) Are you seeking similar types of work?   YES ____   NO ____
   If no, what other types of work? ______________________________________________

3) Are you interested in Resume writing and/or Job Search workshops? YES _____ NO_____

4) Are you interested in job training?   YES _________   NO_________
   List types of training: ________________________________________________________

5) Are you currently attending school or job training? _______ Type of training: ____________
   Name of school/ training institution: ____________________________________________

6) Please rate the following activities from 1 through 5, with 1 being MOST IMPORTANT and 5 being LEAST IMPORTANT:
   a. Find a job as soon as possible. __________________
   b. Attend workshops for resume writing. ____________
   c. Attend workshops on where to look for jobs. __________
   d. Attend workshops on job interview preparation. __________
   e. Get training for a new occupation. ____________
   f. Go to school to improve my English or to get a GED/ high school diploma. ________
   g. Learn more about Unemployment Insurance benefits. __________
   h. Get information about financial assistance, foods stamp, child care. ____________
   i. Get information about health insurance. ____________________
   j. Get information about budgeting, financial management, avoiding bankruptcy and/or foreclosure, credit counseling. ____________
   k. Get assistance in legal problems. _________
   l. Get help in personal/ stress management/family counseling. __________
   m. Get information about military veterans’ benefits. ____________

7) List other concerns: ___________________________________________________________

8) Only if you would like to speak with one of our staff, please provide
   Your Name: ________________________________________________________________
   And provide at least one of the following:
   Phone: _______________Cell #: ____________________
   Email address: _____________________________________________________________
   Mailing Address: __________________________________________________________

9) Please fax, mail, or drop off your completed survey at a Workforce Development Division Office on your island (see attached addresses), or bring the completed survey to a rapid response session on your county. Thank you!

(State WDD/RR Survey REV. 4/02/08)