

YMCA of Glendale Customer Satisfaction Survey

How Are We Doing?

We're committed to monitoring the quality of the services we provide, as part of an ongoing improvement process. We would appreciate your feedback on our performance.

1. **What type of membership do you have?** Youth Adult Family Senior
2. **How many days a week do you use the facility? (Circle One)** 1 2 3 4 5 6 7

Please Rate These Areas Of Performance:	Excellent	Good	Adequate	Poor	Unacceptable	N/A
Understanding & Meeting Your Fitness Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing Value For Your Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency of Front Desk Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease Of Program Or Class Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough Staff To Help You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security And Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours Of Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism Of Our Instructors & Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate The Quality of Programs We Provided Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **What level of confidence do you have in us to provide the needs and services you require?**
 Complete A Lot Adequate Poor Unacceptable
5. **Overall, is our performance . . .**
 Getting Much Better Getting Better Staying at about the same level Getting worse
 Getting much worse

If you have any suggestions regarding how we could improve the services we provide to you, please enter them below:

Optional: Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____ Email: _____

If you would like to be contacted to discuss this survey and provide additional information please check this box.

Thank you for participating in this survey.
 Your feedback is valuable to us in order to improve the quality of our programs and services.

Please drop off survey at the YMCA front desk or mail to:
YMCA of Glendale 140 North Louise, Glendale, California 91206
Call (818) 240-4130, ext 29 or email jcordon@glenymca.org