## **Community Emergency Preparedness Training Needs Survey**

Dear [Recipient's Name],

As part of our ongoing efforts to enhance community resilience and preparedness, we are conducting a survey to assess the training needs of our community members regarding emergency preparedness. Your feedback is valuable and will help us tailor training programs that meet the specific needs of our community.

## **Survey Information**

Please take a few minutes to complete this survey. Your responses will remain confidential and will be used solely for the purpose of improving our emergency preparedness training initiatives.

## Su

[Your Organization]

	ey Questions  Have you participated in any emergency preparedness training in the past?
1.	• Yes
	o No
2.	What type of training would you find most beneficial?
	<ul> <li>Basic First Aid</li> </ul>
	o CPR Training
	<ul> <li>Disaster Preparedness</li> </ul>
	o Community Response Planning
	o Other (please specify):
3.	How would you prefer to receive this training?
	<ul> <li>In-person workshops</li> </ul>
	<ul> <li>Online courses</li> </ul>
	<ul> <li>Printed materials</li> </ul>
	<ul><li>Other (please specify):</li></ul>
4.	What is your preferred time for training sessions?
	<ul> <li>Weekdays</li> </ul>
	<ul> <li>Weekends</li> </ul>
	o Evenings
5.	Additional comments or suggestions:
	you for taking the time to contribute to our community's safety and preparedness. Your s greatly appreciated!
Sincer [Your [Your	Name]