

The City of Vaughan is interested in knowing how you feel about parks safety. Please take a moment to fill out the survey and return it to the Parks and Forestry Operations Department by fax or email. Every week between July and September, there will be a prize given to a resident who completes a survey.

1) What area of Vaughan do you live in?

- Concord
 Kleinburg
 Maple
 Thornhill
 Woodbridge
 I do not live in Vaughan. Other: _____

2) Age group?

- 15 and under
 15-18
 19-25
 26-55
 56+

3) Gender?

- Male
 Female

4) Using the following, indicate how you feel in a Park/Trail during the day/night:

	Comfortable / Confident	Concerned / Nervous	Don't Know
A park during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A park at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A trail during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A trail at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Comfortable / Calm for all of the above, please proceed to question #8.

If you answered Concerned / Nervous or Don't Know, for any of the above please proceed to question #5

5) If you answered Concerned/Nervous or Don't Know to any of the questions in #4, please indicate which types of crimes concerns you the most.

- Graffiti
 Vandalism
 Drugs and Alcohol
 Theft
 All of the above
 None of the above
 Other: _____

6) For the types of crimes you identified in #5, how often do they occur at the following locations:

	Never	Sometimes	Often
Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodlots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaza's / Shopping Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a) Have you ever witnessed an act of vandalism or crime in a park?

- No
 Yes

7b) If Yes, did you report it?

- No
 Yes

7c) If you had to report an act of vandalism or crime, do you know how and where to report it?

- No
 Yes

8) How important do you feel the following programs are when it comes to parks safety:
 (1 = not important, 2 = neutral, 3 = very important)

	1	2	3	Unaware of Program
Parks Patrol (By-Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks Permit Patrol (Parks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated External Defibrillator's in the Park (AED's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camera's in the Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9) Have you heard, seen or read information about the following programs: (If Yes, check all that apply)

	No	Yes	Newspaper / Signage	Flyer / Pamphlet	Word of Mouth	City of Vaughan Event	Online	Other
Crime Prevention Through Environmental Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Park Ambassador Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adopt-A-Park Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parks Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neighbourhood Watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10) Over the past few years, have you seen an improvement in parks safety? (please provide comments in the space below)

- No
 Yes

(This section optional)

Name		E-mail			
Address		Phone			
City		Province		Postal Code	