

## ANNUAL SENIOR FORUM INPUT AND IDEAS

Send or drop off completed forms to: Senios in the Park, 504 W Starin Rd,  
PO Box 178, Whitewater, WI 53190

1. What made you choose Whitewater as your home?

2. Do you feel there are enough entertainment/recreation opportunities for older adults in the city?

If yes, which do you feel are most important.

If no, which would you like to see that are currently lacking?

3. What type of pursuits are you interested in the City providing through the Parks and Recreation Dept and Seniors in the Park? Please check those of interest.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hiking Group                     | <input type="checkbox"/> Drawing                                 | <input type="checkbox"/> Day van trips      |
| <input type="checkbox"/> Biking Group                     | <input type="checkbox"/> Drama group                             | <input type="checkbox"/> Day bus trip       |
| <input type="checkbox"/> Men's Exercise                   | <input type="checkbox"/> Gentle yoga                             | <input type="checkbox"/> 2-3 day trips      |
| <input type="checkbox"/> Men's Breakfast                  | <input type="checkbox"/> Brain Fitness                           | <input type="checkbox"/> 4+ day trips       |
| <input type="checkbox"/> Laughter Club                    | <input type="checkbox"/> Nia (exercise)                          | <input type="checkbox"/> Cooking Class      |
| <input type="checkbox"/> Tai Chi                          | <input type="checkbox"/> Qi Gong                                 | <input type="checkbox"/> Wii Bowling League |
| <input type="checkbox"/> Foreign Language class           | <input type="checkbox"/> Ethnic presentations                    | <input type="checkbox"/> Special Events     |
| <input type="checkbox"/> Wellness Presentations           | <input type="checkbox"/> Coffee & conversation with UWW students |   |
| <input type="checkbox"/> Singing group                    | <input type="checkbox"/> Community Band                          | <input type="checkbox"/> Jam Session        |
| <input type="checkbox"/> Investment Club                  | <input type="checkbox"/> Senior show on Channel 13               | <input type="checkbox"/> Spirituality       |
| <input type="checkbox"/> Educational opportunities at UWW | <input type="checkbox"/> Learning/discussion Group               |   |
| <input type="checkbox"/> Singles Group                    | <input type="checkbox"/> Woodcarving                             | <input type="checkbox"/> Creative Dance     |
| <input type="checkbox"/> Camera Club                      |  |   |

Other ideas: \_\_\_\_\_

4. What days and times do you prefer for programming? Please check.

\_\_\_\_ Weekdays      \_\_\_\_ Saturday      \_\_\_\_ Sunday  
\_\_\_\_ Morning      \_\_\_\_ Afternoon      \_\_\_\_ Evening

5. Would you be interested in meaningful volunteer service opportunities such as:

\_\_\_\_ Volunteer Coordinator      \_\_\_\_ class facilitator/leader      \_\_\_\_ van driver  
\_\_\_\_ Newsletter editor      \_\_\_\_ elementary school volunteer  
\_\_\_\_ Assist at the Nutrition Site      \_\_\_\_ receptionist at Seniors in the Park  
\_\_\_\_ Assist with fundraising      \_\_\_\_ Special event assistance

Other: \_\_\_\_\_

6. Do you feel your service needs (health care, transportation, shopping, etc) are met in the City?

If yes, which do you feel are most important?

If no, which do you feel are lacking?

7. What services or support groups would you like to see at Seniors in the Park

\_\_\_\_ Blood Pressure Screenings      \_\_\_\_ Massage Therapy  
\_\_\_\_ Low Vision Support group      \_\_\_\_ Caregiver support group  
\_\_\_\_ UWW Counseling service      \_\_\_\_ Foot Reflexology  
\_\_\_\_ Midlife and Older Women's Support Group      \_\_\_\_ Ostomy club

Other \_\_\_\_\_

8. Should Seniors in the Park change their name? If so, why? Any suggestions?

9. What types of businesses do you wish were located in the City?

10. How often do you do business (shop, eat) in the City's downtown?  
\_\_\_\_\_

11. What if anything, do you feel would increase your patronage downtown?

\_\_\_\_\_Better parking    \_\_\_\_\_Bus/Trolley/Shuttle Service

\_\_\_\_\_more/better variety food establishments    \_\_\_\_\_more/better variety of shopping

**OPTIONAL**

If you would like us to contact you about your concerns, ideas or willingness to share your time and talents with us, please fill out the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason we are contacting you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_