



SURVEY

IRHSCA is taking a survey to enable the community's input and participation.
Please write legibly.

First name _____ **Last name** _____

male ___ **female**___

Address _____ **city** _____ **state** _____

Phone _____ **email** _____

What programs/classes would you like to see at IRHSCA?

What improvements would you like to see at IRHSCA?

How are you willing to assist IRHSCA, and what is your area of expertise?
