Clear Form

SOUTHWEST FLORIDA COUNCIL CAMPING SURVEY

ABOUT YOU?

Name:_____ **County You Reside:** _____ **Unit Type** (Pack-Troop-Crew) _____

Current Primary Position in Scouting: _____ Number of Years in Current Position: _____

Number of years as a volunteer: ____ Do you currently have a child in Scouting? **Yes** ____ **N o** ____

Your Age: ____21-29 yrs. ____30-39 yrs. ____ 40-49 yrs. ____ 50 yrs. or older

ABOUT YOUR BOY SCOUT TROOP or VENTURING CREW

1. What is the average active number of youth in your unit? ____ Number of registered active adults ____

2. What B.S.A. Training have you completed? Leader Essentials/Leader Specific ____ Wood Badge ____ None ____

3. Does year unit regularly attend a long term B.S.A. Summer Camp? **Yes** ____ **N o** ____

4. ***If yes to # 3***, average number of youth attending? _____

5. Did or will your unit attend a B.S.A. Summer Camp in? *2009* **Yes** ____ **N o** ____ *2010* **Yes** ____ **N o** ____ *2011* **Yes** ____ **N o** ____

6. What camp did your unit attend in? 2009 _____ 2010 _____

7. What camp is your unit attending in 2011? _____

8. **Excluding summer camp and district/council events**, how many weekends does your unit camp per month? ____ per year? _____

9. Does your unit regularly participate in **district** events (camporees, Scout Show etc.)? **Yes** ____ **N o** ____ Number per year? ____
If No, why not? _____
_____

10. Does your unit regularly participate in Council Camp Events (BB Challenge etc.)? **Yes** ____ **N o** ____ *Number per year?* ____
If No, why not? _____
_____

ABOUT YOUR CUB SCOUT PACK?

1. What is the average active number of youth in your unit? ____ Number of registered active adults ____

2. What B.S.A. Leader Training have you completed? Leader Essentials/Specific ____ Wood Badge ____ None____

3. Does your unit regularly participate in district events? (camporees, Scout Show etc.)? **Yes** ____ **N o** ____ Number per year? ____
If No, why not? _____
_____

4. Does your unit regularly participate in Council Camp Events (BB Challenge, Extravaganza etc.)? **Yes**___**N o**___ *Number per year?* ___
If No, why not? _____
_____

5. Does your unit conduct a monthly Pack Meeting? **Yes** ____ **N o** ____ How many per year? _____

6. **Excluding day camp and district/council events**, how many weekend activities does your have per month? ____ per year? _____

7. How many in question # 6 are overnight weekend campouts per year? _____ How many are Webelos Only Campouts? ____

8. Does your unit have a functioning pack committee that meets once a month? **Yes** ____ **N o** ____

9. Number of boys that attended district day camp from your pack in 2010? ____ If None Why? _____
_____

10. If applicable, what is the main reason for lack of parent participation for overnight camping activities? _____
_____

ABOUT YOUR COUNCIL CAMPS?

1. **Excluding district/council events**, on average, how many weekends per year does your unit utilize Camp Flying Eagle? ___ Miles? ___

2. How many weekends a year does your unit camp at *Non*-B.S.A. owned properties? _____

3. ***Rate the following on a scale of 1 to 5 what you feel is important as to why your unit utilizes* SWFL Camps for weekend unit use:**

   1 - Extremely Important **2** - Very Important **3** - Somewhat Important **4** - Not Important **5** - No Opinion or Don't Know

   ____ Ease of Availability ____ Driving Distance ____ Low/No Cost ____ Program Options

4. How long a distance (hrs./min.) do you feel most leaders/parents are willing to drive to a BSA Camp for an overnight activity? _____

5. ***Rate the following on a scale of 1 to 5 as to what you feel is important in a camp facility:***

   1 - Extremely Important **2** - Very Important **3** - Somewhat Important **4** - Not Important **5** - No Opinion or Don't Know

FACILITIES AND PROGRAM

____Adequate Campsite Space
____Campsite Showers
____Campsite Toilets
____Campsite Program Shelter
____Central Shower/Restroom Facilities
____Access to Electricity
____Proximity to Key Program Areas
____Availability of Remote Campsites
____Dining Hall
____Trading Post
____Snack Bar
____Training Buildings

____Water-skiing, Small Motor Boating, Sailing, Canoeing/Kayaking/Rowing
____Access to Open River or Lake
____Swimming Pool
____Natural Lake for Swimming
____Shotgun/BB/.22 /Archery Ranges
____Access to Fishing
____B.S. Rappelling/Climbing Tower
____B.S. High/Low Ropes Course
____B.S. Obstacle/Physical Fitness Course
____Nature/Environmental Center
____Biking Trails/Bike BMX Type Program
____Hiking Trails

Other Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____

6. ***Rate the following on a scale of 1 to 5 as to what you feel you would be beneficial in council camp program support services:***

   1 - Extremely Important **2** - Very Important **3** - Somewhat Important **4** - Not Important **5** - No Opinion or Don't Know

OFF-PROPERTY PROGRAM OPPORTUNITES

____Access to Off -Property Camping
____Small-Boat Sailing
____SCUBA Diving
____Fresh-Water Fishing
____Specialized Unit High Adventure Programs

____Canoeing/Kayaking
____Motor-Boating
____Snorkeling
____Salt-Water Fishing
____Proximity to Federal/State Land/Water/Parks

Other Comments:

_____
_____
_____
_____
_____

WHAT YOU WOULD LIKE YOUR CAMPING FACILITIES TO BE IN THE FUTURE?

1. Does Camp Miles currently *meet most* of your unit camp *facility* needs? **Yes** ____ **No** ____

2. Does Camp Flying Eagle currently *meet most* of your camp *facility* needs? **Yes** ____ **No** ____

3. Does Camp Miles currently meet most of your unit camp *program* needs? **Yes** ____ **No** ____

4. Does Camp Flying Eagle currently meet most of your camp *program* needs? **Yes** ____ **No** ____

5. Do you feel the SWFL Council could better serve youth and volunteer leaders with one new "State of the Art" 1,500 acre size camp centrally located for all our council youth and volunteers? **Yes** ____ **No** ____

If Yes, when? New Camp in: ____ 5-10 years ____ 15-20 years ____ 25 years or beyond

6. ***Rate the following on a scale of 1 to 5 regarding your opinion of SWFL Council camps:***

1 - Strongly Agree **2** - Somewhat Agree **3** - Agree **4** - Disagree **5** - No Opinion or Don't Know

____SWFL Council should consider specializing each of its current camps for specific program purposes (i.e. Aquatics/Shooting Sports/Rappelling/Climbing/Training or a combination)
____SWFL Council should not have a camp facility.
____SWFL and neighboring councils should consider having one regional camp.
____Volunteers would support a capital fund campaign to improve *both* of our *current* camps.

7. ***B.S. Leaders*** - If a *high quality* full **SWFL Summer Camp** program was offered would your troop attend?
Yes ____ **No** ____ Attend Every Year **Yes** ____ **No** ____ Attend Every Other Year **Yes** ____ **No** ____

If Yes*, which camp would you attend?* ____ Camp Flying Eagle ____ Camp Miles ____ No Preference

If No, why not? _____
_____

8. ***B.S. Leaders*** - If a high quality SWFL ***1st Year Camper*** **Summer Camp program ONLY** was offered would your Troop attend? **Yes** ____ **No** ____Would Attend Every Year _____ Would Attend Every Other Year____

If Yes*, which camp would you attend?* ____ Camp Flying Eagle ____ Camp Miles ____ No Preference

If No*, would you attend,* ***if in addition****, a* ***specialized program*** *for older Scouts was offered:* **Yes** ____ **No** ____

If Yes*, rate your* ***top 2 choices only by a 1 & 2****.*

___ Aquatics ___ Eagle Required MB Only ___ Youth Leadership Course/NYLT ___Shooting Sports/COPE

9. ***B.S. Leaders*** - Does your troop attend the week-long **SWFL Winter Camp** when held? **Yes** ____ **No** ____
If No, why not?_____
_____

Would you support a winter camp hosted alternative years by SWFL and the Tampa Council? **Yes** ____ **No** ____

10. ***C.S. Leaders*** - If a high quality C.S. Summer Resident Camp *(2-3 nights/3-4 days)* was offered would you and your Pack/parents support this program? **Yes** ____ **No** ____ Would support Webelos Camp **Only**? **Yes** ____ **No** ____ Would support both? **Yes** ____ **No** ____

If Yes*, which camp would you attend?* ____ Camp Flying Eagle ____Camp Miles ____ No Preference

If No, why not?_____
_____
_____
_____

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