



## 2016 ServeMontana Accommodation Assessment

This survey is intended to help the Governor’s Office of Community Service (OCS) assess the National Service member experience with disability inclusion and accommodation requests during their terms of service. The information collected also helps OCS develop appropriate training and technical assistance to National Service Program staff.

**Instructions:** To maintain anonymity, do not identify yourself by name or number on this form. Self-disclosure of any disability is optional. Please check the box or boxes that apply to you.

1. In which National Service program are you a member?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AmeriCorps VISTA          | <input type="checkbox"/> Big Sky Watershed Corps | <input type="checkbox"/> MT Campus Compact             |
| <input type="checkbox"/> MT Energy Corps           | <input type="checkbox"/> Food Corps              | <input type="checkbox"/> Justice for Montanans Project |
| <input type="checkbox"/> MT Conservation Corps     | <input type="checkbox"/> MT No Kid Hungry        | <input type="checkbox"/> Senior Corps                  |
| <input type="checkbox"/> MT State Parks AmeriCorps | <input type="checkbox"/> National Direct         |  |

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

2. Are you a:

- First year member                       Second year member                       Third year or more member

3. What city or region is your host site?

City \_\_\_\_\_

Region \_\_\_\_\_

4. When you applied to serve in your program were you aware of the availability of reasonable accommodations\*?

- Yes                                       No

**\*Reasonable Accommodation** is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities. A reasonable accommodation must:

- Be feasible or plausible for the employer
- Enable the individual to perform the essential functions of a position

Reasonable accommodation examples include auxiliary aids/services, CCTV, an amplified audio listening device, a sign language interpreter, materials on audio tape, enlarged text documents, or adjusted work schedules.

5. Do you consider yourself to be a person with a disability? (The Americans with Disabilities Act defines disability as a physical or mental impairment that substantially limits one or more major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment. For more definitions, visit: [www.ada.gov](http://www.ada.gov) )

- Yes                       No                       Prefer not to disclose

If yes, please describe: \_\_\_\_\_

6. Have you disclosed\* a disability to any staff persons in your organization?

- Yes                       No                       N/A

**\*Disclosure** can happen in a number of ways, from an informal conversation to a formal, written request for an accommodation. It can also happen at any time during the term of service, but it should occur as soon as a person realizes they may need an accommodation.

7. If you have a disability, have you requested a reasonable accommodation for your term of service? (If No or N/A skip to question 10)

- Yes                       No                       N/A

8. If you requested a reasonable accommodation, was it provided by the program?

- Yes                       No                       N/A

Comment: \_\_\_\_\_

9. If provided, did the reasonable accommodation allow you to fully participate in the program?

- Yes                       No                       N/A

Comment: \_\_\_\_\_

10. Are you interested in learning more about disability inclusion?

- Yes                       No

If yes, what topics are of most interest to you?

- Disability Rights & Laws       Reasonable Accommodation       Etiquette & Communication  
 Disability Awareness       Other \_\_\_\_\_

Thank you for completing this survey! For more information, visit [www.ada.gov](http://www.ada.gov) and [www.eeoc.gov](http://www.eeoc.gov)

**Please return the completed survey to your program director or mail directly to:**

Governor's Office of Community Service  
PO Box 200801  
Helena, MT 59620

To make additional comments visit [serve.mt.gov](http://serve.mt.gov), email [serve@mt.gov](mailto:serve@mt.gov), or call 406-444-9077.