



**The Salvation Army**  
**Camp SWONEKY**  
605 Middleboro Rd  
Oregonia, Ohio 45054  
513.932.1794 – Fax: 513.932.8831

## **Camp SWONEKY Quality Service Survey**

We would like to thank you for your recent use of Camp SWONEKY! It was a privilege to be able to serve your group during your time with us. It would be of great value to us if you could please take a few minutes to complete the following survey. Thank you in advance for the time put into providing us valuable feedback.

Please rate 1(worst)–10(best) and write any remarks in the comments section below each set of questions.

How did you learn about Camp SWONEKY? \_\_\_\_\_

### **REGISTRATION AND BOOKING**

- Was the registration process and booking of camp facilities satisfactory? 1 2 3 4 5 6 7 8 9 10
- Were your questions answered promptly and satisfactorily prior to your arrival? 1 2 3 4 5 6 7 8 9 10
- Were the registration procedures and policies satisfactory? 1 2 3 4 5 6 7 8 9 10
- Were the forms for registration clear and understandable? 1 2 3 4 5 6 7 8 9 10

**Comments:**

### **ARRIVAL**

- Were you greeted and welcomed immediately upon your arrival? 1 2 3 4 5 6 7 8 9 10
- Were you able to promptly move into your housing and meeting locations upon your arrival? 1 2 3 4 5 6 7 8 9 10
- Did you find your housing and meeting locations ready for your use (cleanliness, requested set-up, temperature, etc.)? 1 2 3 4 5 6 7 8 9 10

**Comments:**

**FACILITIES**

• Log Cabins	
Cleanliness	1 2 3 4 5 6 7 8 9 10
Condition	1 2 3 4 5 6 7 8 9 10
Bathrooms	1 2 3 4 5 6 7 8 9 10
• Other Housing: _____(Location)	
Cleanliness	1 2 3 4 5 6 7 8 9 10
Condition	1 2 3 4 5 6 7 8 9 10
Bathrooms	1 2 3 4 5 6 7 8 9 10
• Chamberlain Hall	
Cleanliness	1 2 3 4 5 6 7 8 9 10
Condition	1 2 3 4 5 6 7 8 9 10
Bathrooms	1 2 3 4 5 6 7 8 9 10
• Charles E. Scripps Dining Hall and Kitchen	
Cleanliness	1 2 3 4 5 6 7 8 9 10
Condition	1 2 3 4 5 6 7 8 9 10
Bathrooms	1 2 3 4 5 6 7 8 9 10
Kitchen Staff	1 2 3 4 5 6 7 8 9 10
• Meeting Areas: _____(Location)	
Cleanliness	1 2 3 4 5 6 7 8 9 10
Condition	1 2 3 4 5 6 7 8 9 10

**Comments:**

**PROGRAM AREAS (if applicable)**

• Ropes Course and Wall	
Staff	1 2 3 4 5 6 7 8 9 10
Safety	1 2 3 4 5 6 7 8 9 10
Overall	1 2 3 4 5 6 7 8 9 10
• Horses	
Staff	1 2 3 4 5 6 7 8 9 10
Safety	1 2 3 4 5 6 7 8 9 10
Overall	1 2 3 4 5 6 7 8 9 10
• Pool	
Staff	1 2 3 4 5 6 7 8 9 10
Safety	1 2 3 4 5 6 7 8 9 10
Overall	1 2 3 4 5 6 7 8 9 10
• Lake – Boats & Fishing	
Staff	1 2 3 4 5 6 7 8 9 10
Safety	1 2 3 4 5 6 7 8 9 10
Overall	1 2 3 4 5 6 7 8 9 10
• Nature Center and Petting Farm	
Staff	1 2 3 4 5 6 7 8 9 10
Safety	1 2 3 4 5 6 7 8 9 10
Overall	

**Comments:**

• Will you be seeking to rent the facility again? Yes No Maybe

If "Yes", what dates? \_\_\_\_\_

If "No", please state briefly why not? \_\_\_\_\_

\_\_\_\_\_

If "Maybe", what factors are affecting your decision? \_\_\_\_\_

\_\_\_\_\_

• Would you be willing to recommend the use of Camp SWONEKY to other groups or individuals? Yes No

• Do you know of any group or individuals that would be interested in learning more about Camp SWONEKY? Yes No

If "Yes" above, please include their contact information below:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Survey Completed by:

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Group Name \_\_\_\_\_

Date of Rental \_\_\_\_\_ Date Survey Completed \_\_\_\_\_

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Additional Comments or Notes