

1. Campus visits: indicate the average number of times you visit UC per MONTH.

	None/rarely	1-5	6-10	11-15	16-20	More than 20
Davis Campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacramento Campus (health system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Office of the President, UC Berkeley, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. UC Davis service (Davis campus): if you currently volunteer on the Davis campus, please indicate the entity for which you volunteer (check all that apply) or choose "Not currently a Davis campus volunteer."

- | | | |
|--|---|--|
| <input type="radio"/> Not currently a Davis campus volunteer | <input type="radio"/> Fundraising initiatives | <input type="radio"/> Arboretum |
| <input type="radio"/> Department from which I retired | <input type="radio"/> Retiree Center | <input type="radio"/> Raptor Center |
| <input type="radio"/> Another campus department | <input type="radio"/> Retirees' Association | <input type="radio"/> Other (specify): |
| <input type="radio"/> Committee/council/advisory board | <input type="radio"/> Mondavi Center | _____ |

3. UC Davis service (health system campus): if you currently volunteer on the health system campus, please indicate the entity for which you volunteer (check all that apply) or choose "Not currently a health system volunteer."

- | | | |
|---|--|--|
| <input type="radio"/> Not currently a health system volunteer | <input type="radio"/> Fundraising initiatives | <input type="radio"/> Alzheimer's Disease Center |
| <input type="radio"/> Department from which I retired | <input type="radio"/> Hospice Care | <input type="radio"/> Imaging Research Center |
| <input type="radio"/> Another campus department | <input type="radio"/> PHUR (Pets Helping Us Recover) | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Committee/council/advisory board | <input type="radio"/> MIND Institute | _____ |

4. UC volunteer service: if you currently volunteer for UC, please indicate the average number of hours that you volunteer per MONTH or choose "None."

	None	1-10	11-20	21-30	31-40	More than 40
Davis campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacramento campus (health system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Office of the President, UC Berkeley, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Community volunteer service: if you currently volunteer in your community, please indicate the type of entity for which you volunteer (check all that apply) or choose "Not currently a community volunteer."

- | | | |
|---|---|--|
| <input type="radio"/> Not currently a community volunteer | <input type="radio"/> Medical facility | <input type="radio"/> Political organization |
| <input type="radio"/> Community/service organization | <input type="radio"/> Elder care facility/service | <input type="radio"/> Professional association |
| <input type="radio"/> Religious organization | <input type="radio"/> Hospice | <input type="radio"/> Other (specify): |
| <input type="radio"/> Committee/council/advisory board | <input type="radio"/> Youth organization/school | _____ |

6. Family/friend care: please indicate those to whom you provide assistance (check all that apply) or choose "Not currently providing care."

- | | | | |
|--|------------------------------|--------------------------------------|------------------------------------|
| <input type="radio"/> Not currently providing care | <input type="radio"/> Parent | <input type="radio"/> Grandchild | <input type="radio"/> Friend |
| <input type="radio"/> Spouse | <input type="radio"/> Child | <input type="radio"/> Other relative | <input type="radio"/> Other: _____ |

7. Post-retirement Employment: if you are currently working in a paid position or are self-employed, please indicate the average number of hours that you work per WEEK or choose "not currently working."

- | | | |
|--|-----------------------------|------------------------------------|
| <input type="radio"/> Not currently working in paid position | <input type="radio"/> 11-20 | <input type="radio"/> 31-40 |
| <input type="radio"/> 1-10 | <input type="radio"/> 21-30 | <input type="radio"/> More than 40 |

8. Personal Interests and Hobbies: please indicate the leisure activities you enjoy (check all that apply).

- | | | |
|---|---|--|
| <input type="radio"/> Travel | <input type="radio"/> Computer activities | <input type="radio"/> Writing |
| <input type="radio"/> Gardening | <input type="radio"/> Dining out | <input type="radio"/> Music (perform/listen) |
| <input type="radio"/> Spending time with family/friends | <input type="radio"/> Attending theater/performing arts | <input type="radio"/> Boating/fishing |
| <input type="radio"/> Spending time with animals | <input type="radio"/> Arts/crafts | <input type="radio"/> Camping |
| <input type="radio"/> Watching television/movies | <input type="radio"/> Reading | Other: _____ |

9. Benefits: in general, how satisfied are you with your UC retirement benefits?			
	Very satisfied	Somewhat satisfied	Not very satisfied
Pension benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and welfare benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement savings plans-403(b) etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. **Recognition:** in the past twelve months, have you received any awards or recognitions? If yes, describe briefly.

11. **From which campus did you retire?** Davis Sacramento (health system) Other (specify): _____

12. **From which department did you retire?** _____

13. **When did you retire?** 2009-2014 2004-2008 1999-2003 1994-1998 Prior to 1994

14. **Are you currently a member of the UC Davis Retirees' Association?** Yes No

15. **Would you like to become more involved in the Retirees' Association?** Yes No

16. **If you are not currently a member of the Retirees' Association, why have you not joined?**

I don't like to join groups I live too far away to attend meetings/events

I don't know what the association does I have mobility limitations that keep me from attending

I don't think I would benefit from joining Other (specify): _____

17. **May the Retirees' Association contact you to follow up on the survey?** Yes No

18. **Have you attended Retiree Center and/or UC DRA events in the past year yes or no (circle one)?**
If so, which one(s) were your favorite(s)?

19. **Suggestions:** do you have suggestions for programs or advocacy the UC DRA could provide on behalf of retirees?

20. **Contact information:** optional, but required if you wish to be entered into the drawing for a VISA gift card. Your identity will not be associated with your answers in any reporting of the data.

Name: _____

Email Address: _____ Phone Number: _____

21. **Gender:** Male Female

Thank you for participating in this survey. Now that you have completed this survey, if you provided your contact information you will be entered into a drawing in which two lucky people will each receive a \$50 VISA gift card.

Mail your completed survey to: **UC Davis Retiree Center, One Shields Avenue, Davis CA 95616**. Your survey must be received by **DATE**, to be eligible for the incentive prize.