

# NEW MEMBER QUESTIONNAIRE

1. Would you like to participate in an adoptive parent group?

- Yes  
 No  
 Maybe. Please keep me informed of your group's activities.

If no, why?

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2. If you would like to attend parent group meetings, but can't right now, please explain why:

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3. Are you a(n) *(please mark all that apply)*:

- Adoptive parent  
 Foster parent  
 Kinship parent  
 Prospective adoptive parent  
 Other *(please specify)*

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4. If applicable, how long have you been an adoptive parent?

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5. Mark all that describe your family:

- Single adoptive parent  
 Family with multiple adoptions  
 Family with biological and adopted children  
 Transracial adoptive family  
 Gay/lesbian (GLBT) adoptive parent(s)  
 Other *(please specify)*:

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6. Please tell us if you have adopted *(please mark all that apply)*:

- A sibling group  
 An older child/children  
 A physically disabled child/children  
 An emotionally injured child/children  
 An internationally adopted child/children  
 An infant/infants  
 A relative's or friend's child/children  
 A child/children of a different race or ethnicity  
 Other *(please specify)*:

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7. List the age(s) of your child/children.

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8. Place a check mark next to the topics you most would like to discuss with other parents.

- Strengthening parent-child relationships  
 Behavior of children  
 Adolescent needs and behavior  
 Reactions of family and friends about adoption  
 Age-appropriate child development  
 Addressing child's questions about adoption/birth family  
 Sexual acting out  
 Anger/destructiveness  
 School-related problems  
 Making changes in state/provincial adoption laws  
 Addressing legal issues related to adoption  
 Adoption assistance/adoption subsidies  
 Post-adoption services  
 Special needs  
 Allegations  
 Other *(please describe)*:

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9. How often would you like to meet? (*Check one.*)

- Once a month
- Every other month
- Once a quarter
- Other (*please specify*):

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10. When is the best time for you to meet?

- Daytime hours (*time preferred:* \_\_\_\_\_)
- Early evenings (5:30-7:30 pm)
- Late evenings (7:30-9:30 pm)
- Saturday mornings
- Saturday afternoons
- Sunday afternoons
- Sunday evenings
- Other (*please specify*):

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\_\_\_\_\_

11. If a parent group were formed, would you be willing to help:

- With refreshments
- Provide transportation for another parent
- Make telephone calls
- Prepare mailings
- Greet newcomers and make them feel welcome
- Prepare the room before or after the meeting
- Plan group meetings/activities
- Find child care
- Other (*please specify*):

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12. What special skills do you have to offer a group of this nature? (Are you skilled at word processing, graphic design, accounting, training, writing, fundraising, bargain shopping, etc.?)

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\_\_\_\_\_

Your name(s)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

State/Province

\_\_\_\_\_

Zip/Postal Code

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

E-mail

\_\_\_\_\_

I give permission for my/our name(s), address, e-mail address(es), and phone number(s) to be shared with the parent group leaders for the purpose of contacting me about future activities.

Signature

\_\_\_\_\_

Date

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