

Please take the time to complete this survey. This is open to all registered band members of Pabineau regardless of where you reside and all individuals living in the community of Pabineau. Please return this survey back to the Community Based Planner Barbara Calderone either by mail, email at barbaracalderone@hotmail.com, or fax 506-545-6968. Your opinions are important and all information gathered through these surveys will be used to update our current Community Based Plan. Please do not sign your name as I want people to really take the time and give your true feelings. Again thank you for taking the time.

Pabineau First Nation Community Based Planning Survey Update 2009-2010

Section 1A

Total number of people living in your household. _____

Age 00-04 _____ Age 05-14 _____ Age 15-19 _____ Age 20-24 _____ Age 25-44 _____

Age 45-54 _____ Age 55-64 _____ Age 65-74 _____ Age 75-84 _____ Age 85+ _____

Section 1B

How many people in your household are registered status of this reserve? _____

How many people in your household are non-registered members? _____

How many people in your household are non-native? _____

Section 1C

What languages are used in your household?

Spoken: _____

Written: _____

Understood: _____

Section 1D

What is the relationship status of the people living in your household?

Single _____ Married _____ Separated _____ Divorced _____

Widowed _____ Common-Law _____

In the past have you and/or the individuals residing in your household obtained any certificates and/or degrees?

Are you and/or any person residing in your household interested in receiving any training/upgrading skills in the future? and what would it be?

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Section 2

To ensure actions which are taken are supported by the community, we would like you to comment on any issues which you feel pertain to the topics listed below. Example: If you feel things are great, put great. If you feel there should be other services available, changes and/or improvements, put them down. Remember no one person knows who wrote what, so please put how you really feel.

1. Health

2. Education

3. Living Conditions

4. Recreation/Afterhour activities

5. Youth/Elders

6. Employment

7. Additional Comments

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Section 3

We are trying to determine the needs required in enhancing the quality of life for the community members and by completing this questionnaire, you are providing guidance to the Administration. Your truthful insights and cooperation is greatly appreciated.

Do you utilize day care services? _____ How much do you pay monthly? _____

What are the ages of individuals living in your household and each of their highest level of education.

What are the qualifications, certificates, degrees, diplomas, or trades of all individuals residing in your household.

Do you and/or anyone residing in your household utilize exercise facilities/gym? _____

Do you and/or anyone residing in your household play bingo? how many times per week? _____

Do you and/or anyone residing in your household utilize family restaurants? how many times per week?

Do you and/or anyone residing in your household utilize swimming facilities? how many times per week?

Do you and/or anyone residing in your household utilize the Regional Library and/or any other information center? For example: Heritage Musuem, Multiculutral Center, Tourism, Civic Center.

Do you and/or anyone residing in your household make crafts? what type? would you teach? would you like to attend classes and if so for what?

Are there any additional programs which you would like to see introduced in the community?

Do you and/or anyone residing in your household drive a vehicle? own a vehicle? if so how much a week do you spend on gas. _____

We have a varity of activities, committees, organizations that take place on a weekly basis. Listed below are the current groups, and if you are interested in receiving more information, please contact the corresponding name.

Belly Dancing – Marie Kryszko Native Craft Classes – Barbara Calderone AA Classes – Marie Kryszko

GA Classes – Marie Kryszko Oinpegitjoig Sports Authority – Barbara C., Chris T., Marie K., Connie S.

GED – Shannon Sparks Native Drumming – Barbara & Joey C. Boxing – Fisher & Terry Richardson

Health Committee – Patricia Roy Pow wow Committee – Rose Kryszko Planning Workgroup – Barbara C.

Headstart Parent Committee – Lisa Prisk TeleHealth – Laura Mae Sewell Sweats – Barbara & Joey C.