

Ashton Area Business Alliance

Nurturing Ashton by connecting people and community through the promotion of cooperation, beautification, preservation, renovation, incubation and vitalization.

2010 Business & Association Asset Mapping

(Survey available for completion on line after May 25th at www.ewnme.com/aaba/)

The asset mapping project is an effort to identify the treasures of skill, talent and associations available within our community and the surrounding region. The information will be used to identify strategies to connect those people and associations and foster self reliance in a changing world. It will also be used to create a free business directory.

We are interested in the skills you use to serve your family and community and in the associations you enjoy. Those skills may be associated with a hobby, a hobby business, a career, a church organization, a friendly game of cards, or a community-wide project. By completing this form you can see what interests you most and what gifts you bring that will nurture the Ashton area.

(The information gathered in this survey will be used solely for purposes relating to the vitality of the Ashton community.)

Your Name: _____

Phones: (Main) _____ (Alt) _____ (Alt) _____

Street Address: _____ City: _____ St: ____ Zip: _____

Mailing Address: _____ City: _____ St: ____ Zip: _____

How long have you resided at the above address? _____

Full-time at above address? (Circle One) Yes No

Alternate Address: _____ City: _____ St: ____ Zip: _____

Email address: _____

Business Interest:

Have you ever considered starting a business? (Circle one) Yes No

If Yes, what kind? _____

Did you plan to start it alone or with other people? (Circle one) Alone Others

Did you plan to operate out of your home? (Circle one) Yes No

What kept you from starting? _____

Business Activity: Are you currently earning money on your own outside of regular employment? (Circle one) Yes No

If Yes, is there other contact information for that business activity?

Bus Name: _____

Mailing Address: _____ City: _____ St: ____ Zip: _____

Email Address: _____ Web Page: _____

What services or products do you provide? _____

Under what directory categories could this business be listed? _____

To whom do you sell? _____

How do you get customers? _____

What would help you build your business? _____

Business Ownership or Employment:

Are you currently employed by someone else or at a business location you own?
(Circle all that apply) No Yes Full time Part time Full Owner Part Owner

If Yes, please complete the following:

Bus Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Email Address: _____ Web Page: _____

Are there products or services this business provides that are not widely known?

Please list as many different directory categories under which this business could be listed ? _____

What would help strengthen this business? _____

What is this business' greatest challenge? _____

Business Referrals: Do you know a service or product provided by an individual or business location which is not widely known? _____

Skills & Experience: Please check any category in which you have related experience and specify the skill. (Example: under Arts could be "painting - acrylic - landscapes and still life" or "sculpture with multicolored paper clips and bic lighters.")

The Arts (visual, graphic, music, dance, writing, crafts, theater, theater tech, etc.)
Specific Skill: _____

Vehicle Repair (automotive, farm machinery, glass, tires, etc.)
Specific Skill: _____

Beauty, Body Care (styling, massage, weight management, salons, nutrition, etc.)
Specific Skill: _____

Child Care (Babies, children, field trips, games, stories, crafts, CPR, etc.)
Specific Skill: _____

Construction (framing, painting, demolition, flooring, electrical, doors, concrete, plumbing, heating/cooling, masonry, roofing, restoration, drywall, windows, etc.)
Specific Skill: _____

Agricultural (farming, ranching, supplies, processing, coops, etc.)
Specific Skill: _____

Food Services (catering, serving, supervising, hosting, menu planning, cooking, bar-tending, specialty items, etc.)
Specific Skill: _____

Health Care (geriatrics, pediatrics, mentally ill, disabled, CPR, nutrition, physical therapy, nursing license, volunteering, etc.)
Specific Skill: _____

Maintenance (windows, flooring, drains, chimneys, household, lawn care, landscaping, pruning, pools, etc.)
Specific Skill: _____

- Office** (word processing, spreadsheets, filing, phones, bookkeeping, computers, data bases, e-commuting, e-commerce, web sites, etc.)
Specific Skill: _____
- Equipment Operation** (forklift, dump truck, crane, farm equipment, commercial food equipment, commercial sewing, etc.)
Specific Skill: _____
- Repair** (home, furniture, small appliances, large appliances, etc.)
Specific Skill: _____
- Sales** (in-home, in-store, network, security, telemarketing, retail, wholesale, etc.)
Specific Skill: _____
- Security** (repairing/installing systems, neighborhood watch, security company, event ushering, firefighting, police, armed forces, etc.)
Specific Skill: _____
- Supervision** (human resources, organization, project management, budgets, management, scheduling, business plans, etc.)
Specific Skill: _____
- Driving** (shuttles, buses, commercial trucks, farm equipment, ambulance, etc.)
Specific Skill: _____
- Clothing** (design, repair, sewing, handwork, crafts, laundry, tailoring, etc.)
Specific Skill: _____
- Education** (teaching, training, tech writing, college instructor, administration, etc.)
Specific Skill: _____
- Professional** (health care, legal, architecture, accounting, tax, investment, etc.)
Specific Skill: _____
- Other** Is there other experience you have which has not been listed?
Specific Skill: _____

Priority Experience: In which three skills are you most proficient?

- A)
- B)
- C)

Happiest Experience: Which three skills do you enjoy the most?

- A)
- B)
- C)

Future Experience: Which three skills would you most like to learn or improve?

- A)
- B)
- C)

Associations (Formal & Informal): To what groups, either formal or informal, do you belong? (friendship, special interest, hobby, church, business, city, community, service, professional, agricultural, youth activities, senior activities, card clubs, sewing clubs, etc.)

Please Specify: _____

Training Opportunities: Which classes or activities would you like to take or participate in, and which would you be willing to facilitate or teach?

- | Take | Teach | | Take | Teach | |
|--------------------------|--------------------------|--------------------------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Adult Basic Education (ABE) Classes | <input type="checkbox"/> | <input type="checkbox"/> | 14) Exploring the Internet |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) GED (Gen Equiv Degree) Classes | <input type="checkbox"/> | <input type="checkbox"/> | 15) Job Preparation and Placement |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) English as a Sec Lang (ESL) Classes | <input type="checkbox"/> | <input type="checkbox"/> | 16) Senior or Elder Services |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Vocational/College Classes | <input type="checkbox"/> | <input type="checkbox"/> | 17) Electronic Outsourcing |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Money Mgmt or Income Taxes | <input type="checkbox"/> | <input type="checkbox"/> | 18) Small Business Development |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Basic Computer Literacy | <input type="checkbox"/> | <input type="checkbox"/> | 19) Self Employment/Entrepreneurship |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) Family Support Groups | <input type="checkbox"/> | <input type="checkbox"/> | 20) Driver's Education |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) Legal Assistance (Wills, Child Support) | <input type="checkbox"/> | <input type="checkbox"/> | 21) First Aid/CPR Training |
| <input type="checkbox"/> | <input type="checkbox"/> | 9) Community Development | <input type="checkbox"/> | <input type="checkbox"/> | 22) Health and Nutrition |
| <input type="checkbox"/> | <input type="checkbox"/> | 10) Preschool Activities | <input type="checkbox"/> | <input type="checkbox"/> | 23) Child Care |
| <input type="checkbox"/> | <input type="checkbox"/> | 11) Elementary School Activities | <input type="checkbox"/> | <input type="checkbox"/> | 24) Gardening and Landscaping |
| <input type="checkbox"/> | <input type="checkbox"/> | 12) Middle School Activities | <input type="checkbox"/> | <input type="checkbox"/> | 25) Violence, Addiction Prevention |
| <input type="checkbox"/> | <input type="checkbox"/> | 13) High School Activities | <input type="checkbox"/> | <input type="checkbox"/> | 26) Other: _____ |

Training Priorities: Which three of the classes or activities above would be your top priorities to take? (Please list item numbers here) _____

Teaching/Facilitating Opportunities: Which three of the classes or activities above would be your top priorities to teach or facilitate? (Please list item numbers here) _____

Ashton Shopping: What products would you like to see for sale in Ashton?

Survey Improvement: What suggestions do you have for improving this survey?

Thank you for your participation!

We will be using this information first to create a free business directory, and then for further projects which will connect the treasure of gifts and interests embedded in our community.

You may return this survey in several ways:

- Drop-off points:** Five 11 Main, 511 Main, Ashton, Idaho
- or -
West Door of The Royal Station, 406 Main, Ashton, Idaho
- By Mail:** Ashton Area Business Alliance
PO Box 71, Ashton, ID 83420
- Complete On Line:** (available after May 25, 2010)
<http://www.ewnme.com/aaba/>