

**WELLESLEY RECREATION***Something for Everyone*

# Wellesley Community Pool Survey

Dear Wellesley Resident,

As you may have heard, the Town of Wellesley has agreed to purchase the land at 90 Worcester Street. One of the planned uses for the land is a community pool facility. A committee has been formed to determine what kind of facility will meet community expectations. The purpose of this survey is to get preliminary indications of the level of public interest

and support for various possible features and activities of the facility. We appreciate your interest in completing the survey as your responses will influence future plans for the facility. You can respond to this survey online at [www.wellesleyma.gov/poolsurvey](http://www.wellesleyma.gov/poolsurvey) or by returning the paper survey by mailing to Wellesley Recreation, 90 Washington St, Wellesley, MA 02481 or fax it to 781-237-3558

Thank you for your participation!

## 1. How important are these possible features to you?

1= Not Important, 2= Somewhat Important, 3= Important, 4= Very Important, 5= Essential

A pool which is cool enough for vigorous exercise or swimming	1	2	3	4	5
A pool which is warm enough for swim lessons and therapy	1	2	3	4	5
A toddler pool	1	2	3	4	5
A pool with gradually increasing depth upon entry	1	2	3	4	5
A pool with easy handicapped access	1	2	3	4	5
A pool suitable for competitive swimming	1	2	3	4	5
Deep water to permit water polo, synchronized swimming, etc	1	2	3	4	5
Diving Board(s)	1	2	3	4	5
Water slide(s) or other play features	1	2	3	4	5
Spray Tower/Sprinklers	1	2	3	4	5
A facility with multiple pools to meet a variety of needs	1	2	3	4	5
Open swim whenever the facility is open	1	2	3	4	5
Exercise equipment (ie. treadmills, bikes, weights)	1	2	3	4	5
Community room for meetings, parties, training, etc.	1	2	3	4	5
Locker rooms for families and special needs	1	2	3	4	5

## 2. How likely is it that a member of your household would use the following activities?

1= Very Unlikely, 2= Unlikely, 3= Somewhat Unlikely, 4= Likely, 5= Very Likely

Recreational/Family Swimming	1	2	3	4	5
Lap Swimming	1	2	3	4	5
Kid Play Time	1	2	3	4	5
Swim Lessons	1	2	3	4	5
School and League Swim Teams	1	2	3	4	5
Adult (Masters) Swim Training	1	2	3	4	5
Lifeguard & Safety Training	1	2	3	4	5
Water Therapy/Rehabilitation	1	2	3	4	5
Water Walking/Water Aerobics Classes	1	2	3	4	5
Diving, diving instruction, team diving	1	2	3	4	5
SCUBA Diving Instruction	1	2	3	4	5
Dry Land Exercise Equipment	1	2	3	4	5
Summer/Vacation Camps	1	2	3	4	5
Other aquatic or non-aquatic activities	1	2	3	4	5

3. Please rate your level of agreement with each of the following statements:

1= Strongly Disagree, 2= Somewhat Disagree, 3= Neither agree or disagree, 4= Somewhat Agree, 5=Strongly Agree, 6= N/A

My aquatic needs are met by existing local facilities	1	2	3	4	5	6
Members of my family would likely use the proposed aquatic facility	1	2	3	4	5	6
I would only use the aquatic facility if it included all of the features important to my household	1	2	3	4	5	6
I would only use the aquatic facility if it included all of the activities likely to be used by my household	1	2	3	4	5	6
I would approve the use of town funds for building the facility	1	2	3	4	5	6
I would approve of the use of fundraising for building the facility	1	2	3	4	5	6
I would like the opportunity to pay admission for a single visit	1	2	3	4	5	6
I would like to subscribe to an annual facility membership	1	2	3	4	5	6

4. What are the ages of the members in your household? \_\_\_\_\_

5. How many members of your household would likely use a swim facility? \_\_\_\_\_

6. How many members of your household would likely take swim lessons? \_\_\_\_\_

7. In which time periods are you most likely to use the facility? (Select up to four)

	Before 9am	9am-Noon	Noon-3pm	3pm-6pm	After 6pm
Weekdays	<input type="radio"/>				
Weekends	<input type="radio"/>				

8. In which seasons are you likely to use the facility?

- Fall    Winter    Spring    Summer (indoor)    Summer (outdoor)

9. If you would like to be notified about events, meetings, or updates related to the 900 Worcester St. Project, enter your contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

10. Comments:

\_\_\_\_\_

\_\_\_\_\_

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Thank you for your input.