

# The Listening Project

Coverpage

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## Introduction

Hello. My name is \_\_\_\_\_ . I am working with a group of neighbors on a creative Listening Project. We'd like to hear about your thoughts and experiences in your neighborhood. You are welcome to share anything you feel comfortable sharing. We are here to listen to you and we value all of your thoughts and opinions. Would you be interested in talking with us about your neighborhood? We are working in collaboration with inCOMMON Community Development and are using these interviews as a way to listen to the community voice in this neighborhood. Do you have any questions for us before we begin?

**Names of interviewers:** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_

**Name of interviewee:** \_\_\_\_\_

**Mail Address:** \_\_\_\_\_

*(Fill in this information after interview is completed):*

**Tel:** \_\_\_\_\_ **Email** \_\_\_\_\_

**This person:**

- Is possible resource person or leader**
- Recommends resource people or leaders**
- Offers good solutions**

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# The Listening Project

## Questionnaire

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### Introduction

1. How long have you lived in the neighborhood?
2. What brought you to the neighborhood?
3. If you were describing this neighborhood (in a few words) what would you say?
4. What are your favorite things to do in your neighborhood?
5. Do you know your neighbors?

6. When was a time when you felt connected with your neighborhood and neighbors? What happened?

7. Do you have any specific stories or experiences in the neighborhood you would like to share, like your favorite memory or moment?

8. What are some of the overall strengths of your neighborhood?

9. What do you think are the challenges of your neighborhood?

10. What do you think could be done about what you mentioned? What would make it better?

11. If there was an opportunity for this neighborhood to work together for positive change

a) How could you contribute?

b) What do you think other people might want to work on?

12. Do people in your neighborhood work together? If no, what keeps your neighbors from doing that?

13. What other ideas do you have about changing some of the things you mentioned? What could we do together to make it better?

14. What do you think about the housing in your neighborhood?

15. What changes would you like to see, if any?

16. What do you think about the sex trade or prostitution that happens in this neighborhood?

17. What changes would you like to see, if any?

18. Who has the skills and the connections to make things happen in this neighborhood?

19. Who needs to agree in this neighborhood before someone makes changes?

20. If something troublesome happened in the neighborhood who would talk to or be with?

21. If something happened in the neighborhood who is likely to know the most about what is happening?

23. Are there any skills you might be willing to teach or share with others?

24. What skills would you most like to learn?

25. Are you interested in learning about the other interviews we are doing, what other people are thinking about in your neighborhood?

26. Do you use the internet? What is the best way to keep you connected with this project?

27. Are you interested in participating in a small or large way with an effort for change in your neighborhood?

28. Were there any other things you'd like to add in this conversation about your neighborhood?

29. Do you have any questions you'd like to ask me?

30. How do you feel about this interview?

31. Who should I interview next, who would you recommend?

Name:

Contact Information:

**Park Avenue Listening Project**  
Permission Forms

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**Statement of Permission**

Anything you share will not be used in any way without your permission. Your name and answers will not be used publicly without your permission. You do not need to share anything you do not feel comfortable with. It is up to you what you would like to share.

**Audio and/or Video Recording**

I give my permission to audio tape/video tape my interview.

Full name in print \_\_\_\_\_

Signature \_\_\_\_\_

Parents full name (if needed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Quote(s)**

I give my permission to use any of my quotes and my name in media releases and educational materials produced by the Listening Project

Full name in print \_\_\_\_\_

Signature \_\_\_\_\_

Parents full name (if needed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Picture(s)**

I give permission to use my picture(s) and name for media releases and educational materials produced by the Listening Project

Full name in print \_\_\_\_\_

Signature \_\_\_\_\_

Parents full name (if needed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_