

# ICD SURVEY

The ICD Local Joint Working Committee will use responses from this survey to determine what classes to offer in the future. Please check all classes you might be interested in attending. Hourly employees who complete this form will be entered into a drawing for 1 of 3 Visa gift cards (\$100, \$50, or \$25). **Completed surveys must be returned by Tuesday, April 25, 2017.**

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|---|---|
| <input type="checkbox"/> Excel                                | <input type="checkbox"/> Drones                       |
| <input type="checkbox"/> Family Tree                          | <input type="checkbox"/> Bee Keeping                  |
| <input type="checkbox"/> Keyboarding (Typing)                 | <input type="checkbox"/> National Electric Code (NEC) |
| <input type="checkbox"/> American Sign Language               | <input type="checkbox"/> Crocheting                   |
| <input type="checkbox"/> French                               | <input type="checkbox"/> Embroidery                   |
| <input type="checkbox"/> Helping Children with Homework       | <input type="checkbox"/> Knitting                     |
| <input type="checkbox"/> Labor History                        | <input type="checkbox"/> Quilting                     |
| <input type="checkbox"/> Motorcycle License (Rider Course)    | <input type="checkbox"/> Air Brush                    |
| <input type="checkbox"/> Home Plumbing (Showers, sinks, etc.) | <input type="checkbox"/> Neon                         |
| <input type="checkbox"/> Planning for Retirement              | <input type="checkbox"/> Painting                     |
| <input type="checkbox"/> Rental Property                      | <input type="checkbox"/> Pottery                      |
| <input type="checkbox"/> Starting a Small Business            | <input type="checkbox"/> Wood Signs                   |
| <input type="checkbox"/> Wills/Living Wills/Power of Attorney | <input type="checkbox"/> Self Defense                 |
| <input type="checkbox"/> Golf Club Building and Repair        | <input type="checkbox"/> Yoga                         |

Please list any other classes you would be interested in that have not been listed:

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Have you taken ICD classes in the past? yes\_\_\_ no\_\_\_

Would you be interested in one or two day seminars? yes\_\_\_ no\_\_\_

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

Dept: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Hourly \_\_\_ Salaried \_\_\_ Spouse \_\_\_ Retiree \_\_\_

**MUST BE RECEIVED AT ICD CENTER, 3421 INDEPENDENCE RD.  
CLEVELAND, OH 44105 BY TUESDAY, APRIL 25, 2017.**