



CONTINUING CARE
VOLUNTEER SATISFACTION SURVEY

As part of the regular review of Yukon Continuing Care, we are distributing this survey to ask you for your help in providing information about our program. All responses will be treated confidentially. You do not have to include your name. If you wish to remain anonymous, print out the survey and mail it in.

Provide feedback, both positive and constructive, so we can improve our program for future volunteers. Make any comments that you feel are appropriate. Return the completed survey by email, mail or in person to the Coordinator of Volunteer Services. Volunteers are very important to us. We appreciate your input!

At which location have you been volunteering?

- Copper Ridge Place Whistle Bend Place Thomson Centre McDonald Lodge

How long have you been a volunteer?

- Less than six months 6 months to 1 year 1 to 2 years 2 to 3 years
 3 to 4 years 4 to 5 years 5 to 10 years More than 10 years

How did you become aware of the Volunteer Services Program?

- Friends Media School Community organizations
 Other (specify): _____

What are the main reason(s) that you decided to volunteer (check all that apply)?

- Personal satisfaction Had time available Social contact
 To gain experience (specify): _____
 Other (specify): _____

Do you find your volunteer work to be (check all that apply): Interesting Challenging Rewarding

Comments:

Did the orientation and training prepare you for your volunteer duties?

- Yes No

If yes, comment. If no, can you identify what information would have been useful to you?

Are staff courteous and helpful?

Yes No

If yes, comment. If no, explain.

In your experience, does your volunteer assignment match the position description?

Yes No

If no, explain.

Were there appropriate supplies available for you to do your assignment?

Yes No Not applicable

If no, explain.

Is there sufficient storage space for your personal belongings?

Yes No

If no, explain.

How important is it to you that we offer educational opportunities?

Not important 1 2 3 4 5 Very important

Comments:

Are you provided with sufficient feedback from staff you work with?

Yes No

Explain.

Have you been involved in the volunteer appreciation event?

Yes

No

If yes, comment. If no, give us some suggestions of what you would like the event to look like.

What do you like about volunteering with us?

Is there anything you dislike about volunteering with us?

Overall, how would you rate your satisfaction with our volunteer program?

Dissatisfied

1

2

3

4

5

Very satisfied

Comments:

Would you recommend volunteering with us to any of your friends, family or others?

Yes

No

Comments:

Thanks for your feedback!

Volunteer name (optional)

YYYY/MM/DD

Date