



## ASSESSMENT OF VOLUNTEER PROGRAMS

### *Volunteer Input*

*This survey is part of the agency plan to enhance our organization's delivery of services to our clients. The information you share will assist in the design of in-service training for staff and leadership volunteers who work directly with volunteers to carry out our mission. We would appreciate your thoughtful and honest response. Your individual information will be kept confidential but collective themes and recommendations will help guide efforts towards a new training program. Thank you for your assistance.*

Name (optional) \_\_\_\_\_

In what positions have you volunteered at our organization?
Have you found your volunteer work to be interesting, challenging, fun? Comments:
Did you receive sufficient orientation prior to volunteering with us? Comments:
How would you characterize the supervision given to you by staff or leadership volunteers at our organization?
Do you think that your time and talents are well-suited to the volunteer position that you hold (held)? Comments:
Do (did) you feel sufficiently trained/coached in your volunteer job? Comments:

Do you feel well-appreciated by the organization, staff, clients, other volunteers? Comments:

What are the volunteer program's greatest strengths/weaknesses?

Strengths:

Weaknesses:

What suggestions do you have for improving the volunteer program?