

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.

Please provide feedback, both positive and constructive, so we can improve our program for future volunteers. Please feel free to make any comments that you feel are appropriate.

All responses will be treated in a confidential manner. You do not have to include your name. If you wish to remain anonymous, however, please print out the survey and mail it in.

Please 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!

1. How long have you been a volunteer for Copper Ridge Place/Macaulay Lodge/Thomson Centre?

- | | |
|--|---|
| <input type="checkbox"/> less than six months | <input type="checkbox"/> more than 3 years – 4 years or less |
| <input type="checkbox"/> more than six months – 1 year or less | <input type="checkbox"/> more than 4 years – 5 years or less |
| <input type="checkbox"/> more than 1 year – 2 years or less | <input type="checkbox"/> more than 5 years – 10 years or less |
| <input type="checkbox"/> more than 2 years – 3 years or less | <input type="checkbox"/> over 10 years |

2. How did you become aware of the Volunteer Services Program?

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

3. What are the main reasons that you decided to volunteer?

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

4. Do you find your volunteer work to be:

- Interesting
- Challenging
- Rewarding

Comments: _____

5. Was the orientation information sufficient to enable you to begin your duties?

Yes

No

If yes, please comment: _____

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

6. Are staff courteous and helpful?

Yes

No

If yes, please comment: _____

If no, please explain.

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

Yes

No

If no, please explain.

8. If applicable for your volunteer position, were the supplies available for you to do your assignment?

Yes

No

N/A

If no, please explain.

9. Is there sufficient storage space for your personal belongings?

Yes

No

If no, please explain.

10. How important is it to you that we offer educational opportunities?
(Please circle.) 1 = not important and 5 = very important)

1 2 3 4 5

Comments:

11. Do you think that you are provided with sufficient feedback by staff you work with?

- Yes
- No

Please explain: _____

12. Have you been involved in the Volunteer Appreciation Event?

- Yes
- No

If yes, please comment: _____

If no, please give us some suggestions of what you would like the event to look like:

13. What do you like about volunteering with us?

14. Is there anything you dislike about volunteering with us?

15. Overall, how would you rate your satisfaction with our volunteer program?
(Please circle. 1 = dissatisfied; 5 = very satisfied)

1 2 3 4 5

Comments: _____

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

- Yes
- No

Comments: _____

Thanks for your feedback!

Volunteer Name (optional)

Date