

VOLUNTEER MANAGEMENT FORMS

BY
STEVE MCCURLEY

Part of the Volunteer Management Series of VMSystems

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The "Volunteer Management Series" offers monographs on various subjects of interest and use to non-profit organizations and agencies that utilize the efforts of volunteers. It is designed and published through VMSystems - Heritage Arts Publishing, 1807 Prairie Avenue, Downers Grove, IL 60515, (312) 964-1194.

OTHER BOOKS BY THE AUTHOR

101 Ways to Raise Resources, with Sue Vineyard. 1987.
101 Ideas for Volunteer Programs, with Sue Vineyard. 1986.

VOLUNTEER MANAGEMENT FORMS

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HOW TO USE THIS BOOK

The forms contained in this book are designed to assist you in the operation of your volunteer program. The forms cover many of the areas necessary to planning, managing, and evaluating a volunteer program.

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For permission write to:

Steve McCurley, VMSYSTEMS, 1713 P Street, NW, Washington, DC, 20036.

If you would like to have these forms customized to your program or agency, you may do so by:

1. Reproducing a copy of the form(s) you wish customized.
2. Detailing the desired changes (adding agency name; adding or substituting material) on the copy(s).
3. Mailing the desired changes to: Denise Vesuvio, VMSYSTEMS, 1713 P Street, NW, Washington, DC, 20036.
4. Including a check for \$20, made out to VMSYSTEMS.
5. Waiting approximately 3 weeks for us to return the customized form(s) to you.

STAFF ASSESSMENT SURVEY ON VOLUNTEER INVOLVEMENT

As part of our agency plan to utilize volunteer assistance, we would like you to complete the following questionnaire. This survey is designed to assess our readiness to use volunteers and to determine what we need to do to ensure continued delivery of high quality services to our clientele. All of the information collected will be kept confidential.

I. EXPERIENCE WITH VOLUNTEERS

1. Have you previously worked in an agency which used volunteers?
☐ Yes ☐ No ☐ Don't Know
2. Have you previously supervised any volunteers?
☐ Yes ☐ No ☐ Don't Know
3. Do you do volunteer work yourself?
☐ Yes ☐ No ☐ Once did, but not anymore.

II. ASSESSMENT OF VOLUNTEER INVOLVEMENT

1. What is your overall assessment of the desirability of utilizing volunteers in our agency at this time?
☐ Very desirable ☐ Somewhat desirable
☐ Uncertain ☐ Not desirable at this time ☐ Would never be appropriate
2. What is your overall assessment of our current readiness to utilize volunteers?
☐ Very ready ☐ Somewhat ready ☐ Uncertain ☐ Not ready
3. Are there any areas or types of work for which you think that volunteers are particularly needed and suited?

4. Are there any areas or types of work which you think volunteers should not do in our agency?

5. What issues or concerns would you like to see addressed before we utilize volunteers?

6. What type of training or assistance would you like to receive before you are asked to work with volunteers?

7. Are there any other comments, concerns, or questions that you would like to express about the involvement of volunteers in our agency?

Please return this questionnaire to _____ by _____.

STAFF WORKSHEET: PLANNING A VOLUNTEER POSITION

This 'worksheet' is intended to assist you in deciding what types of volunteers could be of assistance to you. We hope that this information will make it easier for you to think of creative ways to involve volunteers and make it easier to us to recruit the right volunteer for you.

POTENTIAL JOB AREAS

In thinking about how and where volunteers might be involved in your area of responsibility, there are factors that you might want to consider. You might, for example, want to think about creating volunteer jobs through consideration of the following categories of work:

1. Are there areas of work that staff don't want to do? This may be because they are not skilled in that type of work, or are too skilled for the work, or else simply have a preference to concentrate their efforts in another area.
2. Are there areas in which there is too much work for staff to do alone, and for which we might create volunteer assistants who can extend staff resources. These assistants might work directly with a staff person or could do tasks that benefit all staff.
3. Are there areas in which we can extend services because volunteers would allow us to begin work that we cannot now even consider undertaking?

You might also want to consider the creation of volunteer jobs based on the recipients of the service. Consider the following:

1. Jobs that are of direct assistance to an individual client (Counseling, visitation, etc.)
2. Office administrative help (Information services, messengers, filing, etc.)
3. Assistance to staff (Research, Training, Computer assistance, etc.)
4. Outreach (fundraising, speakers bureau, etc).

VOLUNTEER JOB DESIGN

Keep the following keys in mind as you think about the specific work you would like the volunteer to do:

1. The work must be meaningful and significant, both to the agency and to our clientele. The work must be needed and should be interesting to someone. This means that your volunteer job must have a "Goal" or a "Purpose" that the volunteer can work to accomplish.

2. The volunteer ought to be able to feel some 'ownership' and 'responsibility' for the job. Volunteers are not robots, but must feel that they have some input into and control over the work they are asked to do. This will mean including the volunteer in the flow of information and decision-making within the office.
3. The work must fit a part-time situation. Either the work must be small enough in scope to be productively approached in a few hours a week, or else it must be designed to be shared among a group of volunteers.
4. Volunteers must be 'worked with'. They should be assigned to work with staff who are capable of supervising their activities in a productive fashion, and providing on-going direction, evaluation, and feedback. What arrangements will you need to make to ensure this supervision of the volunteer?

SCHEDULING THE VOLUNTEER JOB

The more flexible the timeframe of the volunteer job, the greater the likelihood that we can find someone who will be willing to undertake it. Think about the following as different options for the job:

- Can the work be done to a totally flexible schedule at the discretion of the volunteer?
- Are there set hours during the week when we need the volunteer?
- Could the work be done on evenings or weekends?
- Must the work be done on-site at our office?

ASSESSING MANAGERIAL READINESS

The following considerations also be addressed in thinking about a new volunteer position:

- Do we have adequate assigned work space for the volunteer?
- Have we assigned a supervisor for the volunteer?
- Do we know what training the volunteer will need to do the job they way we want?
- Do we have a firm description of the goals and objectives of the work to be done?
- Do we have a plan for including the volunteer in our office activities and communications flow?

If you have either ideas or questions, feel free to contact:
_____ at _____

and we'll be happy to work with you in developing a plan for involving volunteers.

STAFF REQUEST FOR VOLUNTEER ASSISTANCE

Date of Request _____ Department _____

Staff Contact _____ Phone _____

BRIEF DESCRIPTION OF WORK TO BE PERFORMED:

(Give both goal of the job and examples of activities to be performed)

QUALIFICATIONS SOUGHT:

(Include both skills & attributes needed to perform the work, & any items that might disqualify an applicant)

WORKSITE: _____

TIMEFRAME: _____

HOURS PREFERRED:

☐ Flexible to availability of volunteer ☐ Needed: _____

LENGTH OF COMMITMENT SOUGHT:

☐ Open-ended ☐ Minimum of: _____
☐ One-time: _____

When do you want this job to start?

☐ Upon Availability ☐ Start _____

NUMBER OF VOLUNTEERS SOUGHT FOR THIS POSITION: _____

Please return this form to:

Name: _____

Address: _____

We will be happy to work with you in completing this form. Call us at _____ if you would like assistance in developing new volunteer jobs or in learning more about working effectively with volunteers.

VOLUNTEER POSITION DESCRIPTION

TITLE/POSITION:

GOAL OF POSITION:

SAMPLE ACTIVITIES:

1.

2.

3.

4.

TIMEFRAME:

Length of commitment:

Estimated total hours:

Scheduling:

- ☐ At discretion of volunteer
- ☐ Needed:

WORKSITE:

QUALIFICATIONS SOUGHT:

1.

2.

3.

4.

BENEFITS:

1.

2.

FOR FURTHER INFORMATION:

Contact:

Phone:

 Date:

VOLUNTEER RECRUITMENT PLANNING EXERCISE

VOLUNTEER POSITION:

What are the skills/attitudes/traits needed to do this job?

(I.e., if we draw a picture of the type of person who could do this job, what would they look like? Cover age, sex, hobbies, possible occupations, related interests, and whatever else better illustrates the picture.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Based on this picture, where can we find these types of people?

(Think about work setting, educational institutions, leisure time organizations and activities, publications they might read, parts of town in which they are likely to live, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What motivations of this person can we appeal to in our recruitment effort?

(Self-help, job enhancement, socialization, learning new skills, career exploration, leadership testing, giving back to the community, keeping productively involved, meeting new people, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

VOLUNTEER ENROLLMENT FORM

Name: _____ Phone: (H) _____ (O) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact in Emergency: _____ Phone: _____

I. SKILLS AND INTERESTS

Education Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Working one-on-one with a single client | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Providing a service to several clients |
| <input type="checkbox"/> Helping in our office in general administrative duties | <input type="checkbox"/> Doing public speaking, fundraising, etc. |
| <input type="checkbox"/> Doing research, teaching, or an individual project | <input type="checkbox"/> Other: _____ |

IS THERE A PERSON OR GROUP WITH WHOM YOU ARE PARTICULARLY INTERESTED IN WORKING? (Check all that apply)

- | | | | | |
|---------------------------------------|----------------------------------|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Teens | <input type="checkbox"/> Children | <input type="checkbox"/> Agency Staff |
| <input type="checkbox"/> Handicapped | <input type="checkbox"/> Males | <input type="checkbox"/> Females | <input type="checkbox"/> No Preference | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Other: _____ | | | | |

ARE THERE ANY GROUPS YOU WOULD NOT FEEL COMFORTABLE WORKING WITH? ☐ No ☐ Yes _____

II. AVAILABILITY

AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING?

- | | | | | |
|--------------------------------------|---|--|--|--------------------------------------|
| <input type="checkbox"/> Am flexible | <input type="checkbox"/> Prefer weekdays | <input type="checkbox"/> Prefer evenings | <input type="checkbox"/> Prefer weekends | <input type="checkbox"/> Prefer days |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> There are times during a week that I cannot do volunteer work. _____ | | | |

Do you have a geographic preference as to where you do volunteer work? ☐ No ☐ Yes _____

Do you have access to an automobile you can use for volunteer work? ☐ Yes ☐ No ☐ Occasionally

III. REFERENCES

How did you hear about us? ☐ Advertisement ☐ From client of agency
☐ Saw job description ☐ Referred by friend/volunteer ☐ Other: _____

LIST NAME AND PHONE NUMBERS OF TWO PERSONAL REFERENCES:

Name _____ Phone _____

Name _____ Phone _____

Please return this form to: _____

VOLUNTEER INTERVIEW RECORD

Interviewer _____ Date _____

Name of Volunteer _____ Phone _____

I. REVIEW OF ENROLLMENT FORM

Clarify information on Volunteer Enrollment Form. Correct information on form and place other comments below.

II. NON-DIRECTIVE QUESTIONS

1. What attracted you to our agency? Is there any aspect of our work that most motivates you to seek to volunteer here?

2. What would you like to get out of volunteering here? What would make you feel like you've been successful?

3. What have you enjoyed most about your previous volunteer work? About your paid jobs?

4. Describe your ideal supervisor. What sort of supervisory style do you prefer?

5. Would you rather work on your own, with a group, or with a partner? Why?

6. What skills do you feel you have to contribute?

7. What can I tell you about our agency?

III. MATCH WITH VOLUNTEER POSITIONS

Discuss potential volunteer positions and check match of interests, qualifications, and availability.

Position

Comments

1. _____
2. _____
3. _____

To be completed after interview.

IV. INTERVIEWER ASSESSMENT

APPEARANCE:

- ☐ Poised, neat ☐ Acceptable ☐ Unkempt

PHYSICAL RESTRICTIONS:

REACTIONS TO QUESTIONS:

- ☐ Helpful, interested, volunteers information ☐ Answers questions
☐ Evasive ☐ Confused

DISPOSITION:

- ☐ Outgoing, pleasant, confident ☐ Reserved
☐ Withdrawn, moody ☐ Suspicious, antagonistic

INTERPERSONAL SKILLS:

- ☐ Adept at dealing with others ☐ Relatively at ease with others ☐ Uncomfortable

V. RECOMMENDED ACTION

PLACE AS:

- ☐ Consider for following positions:
1. _____
2. _____
- ☐ Schedule for second interview.
- ☐ Hold in reserve for position of:
1. _____
2. _____
- ☐ Investigate further:

- ☐ Refer to:

- ☐ Not suitable for agency at this time.

V. NOTIFICATION

- ☐ Volunteer notified of agency decision:
Name: _____
Date & Method: _____

Agency/Volunteer Agreement

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

I. AGENCY

We, _____ (agency), agree to accept the services of
_____ (volunteer) beginning _____,
and we commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

II. VOLUNTEER

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

III. AGREED TO:

Volunteer

Staff Representative

Date

Date

This agreement may be cancelled at any time at the discretion of either of the parties, but will expire automatically on _____ unless renewed by both parties.

Volunteer Assignment Master Log

Month/Position/Department

This is a multiple-use form for tracking volunteer assignments. If labeled by "Month" in the upper right hand corner, the form becomes a month-by-month master list of all volunteers. If labeled "Position", the sheet records all volunteers working in a particular job. If labeled "Department", the form records all volunteers assigned to that department.

	NAME	DEPARTMENT/ POSITION	STARTING DATE	ENDING DATE	NOTES
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

VOLUNTEER TIME SHEET

VOLUNTEER _____

MONTH _____

DAY	DEPARTMENT/LOCATION	JOB ASSIGNMENT	TOTAL HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
26			
28			
29			
30			
31			
TOTAL HOURS			

Please return this form by the 7th of the next month to:

Master Volunteer Time Log

Department _____

Month _____

At the start of the month, please register. At the end of each day, please fill in the number of hours of volunteer time that you have donated that day:

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
1. _____																																
2. _____																																
3. _____																																
4. _____																																
5. _____																																
6. _____																																
7. _____																																
8. _____																																
9. _____																																
10. _____																																
11. _____																																
12. _____																																
13. _____																																
14. _____																																
15. _____																																
16. _____																																
17. _____																																
	Monthly Total																															

VOLUNTEER EXPENSE REPORT

This form is to be utilized to record those expenses you incur while volunteering for us *for which you wish to be reimbursed*. The types of expenses for which we provide reimbursement are:

1. _____
2. _____
3. _____
4. _____

DATE	TYPE OF EXPENDITURE	AMOUNT

TOTAL

These represent an accurate account of my expenses. Approved for reimbursement.

VOLUNTEER

STAFF

DATE

DATE

Cash/Payment Received

VOLUNTEER SIGNATURE

CHECK/PAYMENT ISSUED

Volunteer Contributions Record

This form is to be utilized to record donations of money, in-kind contributions, and expenses incurred while volunteering for which you are not being reimbursed by our agency. Please complete the form and submit it to _____ so that we can attest to the contribution. We will then return a signed copy for you to include in your tax records.

DATE	NATURE OF CONTRIBUTION	AMOUNT
TOTAL		

I verify that these represent an accurate portrayal of my contributions:

I verify that these represent contributions received by our agency:

VOLUNTEER

STAFF

AGENCY

DATE

DATE

STAFF ASSESSMENT OF VOLUNTEER UTILIZATION

This form is to allow you to provide feedback regarding our utilization of volunteers. Please answer all questions as completely as possible. Do not sign the survey unless you wish to. All responses will be kept confidential.

1. Are volunteers involved in your area of direct responsibility or in your department?
☐ Yes ☐ No ☐ Don't know
2. In your experience, are the volunteers with our agency adequately qualified for their positions?
☐ Yes ☐ No ☐ Don't know
3. How would you describe the utilization of volunteers in our agency by other staff?
☐ Well utilized ☐ Generally well utilized, but some bad use
☐ Generally not well utilized ☐ Don't know
4. Are the volunteers with our agency adequately trained for their responsibilities?
☐ Yes ☐ No ☐ Don't know
5. Do you think our staff has been adequately trained in how to work with volunteers?
☐ Yes ☐ No ☐ Don't know
6. What else should be done to help our staff work better with volunteers?

7. How would you describe the reaction of our clients to the volunteers?
☐ Favorable Mixed ☐ Unfavorable ☐ Don't know
8. What benefits do you think we have gained from the utilization of volunteers?

9. What problems have we created with the use of volunteers?

10. How has your own work load changed as a result of our utilizing volunteers?
☐ Lessened ☐ Remained the same ☐ Increased
☐ Changed in type of work being done
11. How would you describe the assistance you have received from the volunteer director?
☐ Helpful ☐ Not helpful ☐ Don't know
12. Use the space below to make any comments regarding our utilization of volunteers, any additions you would like to make to your answers to the above questions, or any suggestions you have about how we might make better use of volunteers.

Please return this questionnaire to _____ by _____.

VOLUNTEER ASSESSMENT OF THE VOLUNTEER PROGRAM

As part of our continued effort to improve our volunteer program, we would like your responses to the following questions. All responses will be kept completely confidential. Do not sign the survey unless you wish to.

1. How long have you been volunteering with us? _____
2. What is the best experience you have had while volunteering with us? What is the worst experience?

3. To what extent do you think volunteers are accepted by the staff at our agency?
☐ Well accepted ☐ Generally well accepted, but some exceptions
☐ Mixed reception ☐ Generally not well, but some exceptions ☐ Not well accepted
4. To what extent do you think volunteers are involved in decisions that will affect their volunteer work?
☐ Well involved ☐ Sometimes involved ☐ Not well involved
5. To what extent do you think volunteers are accepted by clients?
☐ Well accepted ☐ Mixed reception ☐ Not well accepted
6. To what extent do you think volunteers feel comfortable with the assignments they are given?
☐ Comfortable ☐ Not very comfortable ☐ Don't Know
7. Do you feel that volunteers receive sufficient orientation about our agency when they begin work?
☐ Yes ☐ No ☐ Don't Know
8. Do you feel that volunteers receive enough training in how to carry out their assignments?
☐ Yes ☐ No ☐ Don't Know
9. In your experience, does your volunteer job match the description of work given to you when you were interviewed?
☐ Yes ☐ Somewhat ☐ No
10. Do you find your volunteer work to be interesting, challenging, and rewarding?
☐ Yes ☐ Somewhat ☐ No
If you answered "No," do you have any comments on why that is? _____
11. Do you think that volunteers are provided with sufficient feedback by those they work with?
☐ Yes ☐ Somewhat ☐ No ☐ Don't Know
12. Do you think volunteers have sufficient opportunity to advance in responsibility in this agency?
☐ Yes ☐ No ☐ Don't Know
15. Can you think of any new areas with which volunteers might be of help in our agency?

16. Can you suggest any ways that we might use to recruit new volunteers?

17. Overall, how would you rate our volunteer program? (Please circle. 1 = Terrible, 7 = Great)
1 2 3 4 5 6 7
18. Use the space below to make any other comments regarding our utilization of volunteers, or any additions you would like to make to your answers to the above questions:

Please return this questionnaire to _____ by _____.

VOLUNTEER POSITION EVALUATION FORM

NAME OF VOLUNTEER: _____ PERIOD COVERED BY EVALUATION: _____

POSITION: _____ DATE OF EVALUATION: _____

POSITION GOALS

	NOT MET		SATISFACTORY		SUPERIOR
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5
4. _____	1	2	3	4	5
5. _____	1	2	3	4	5

WORK RELATIONSHIPS

	NEEDS IMPROVEMENT		SATISFACTORY		EXCELLENT
1. Relations with other volunteers	1	2	3	4	5
2. Relations with staff	1	2	3	4	5
3. Relations with clients	1	2	3	4	5
4. Meeting commitments on hours and task deadlines	1	2	3	4	5
5. Initiative	1	2	3	4	5
6. Flexibility	1	2	3	4	5

Comments by supervisor regarding above areas:

Comments by volunteer regarding above areas:

Overall, how does the volunteer feel about remaining in this position?

What else can be done to support the volunteer in this position or to move the volunteer to a new position?

Signed:

SUPERVISOR

VOLUNTEER (OPTIONAL)

DATE

DATE

Scheduled date of the next evaluation. _____

EXIT INTERVIEW QUESTIONNAIRE

We are always striving to improve the performance of our volunteer management system. As one of our volunteers, we would appreciate your help in identifying areas in which we might do better. Please be as complete and honest as you can in answering the following questions—all of the information collected will be kept strictly confidential, but it will be utilized to ensure that others who volunteer will receive the best possible treatment.

How long did you volunteer with us? _____

Types of volunteer positions held:

1. _____
2. _____
3. _____
4. _____

Why are you leaving? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Job accomplished | <input type="checkbox"/> Moving to a new location | <input type="checkbox"/> Need a change |
| <input type="checkbox"/> Didn't like the job I was given | <input type="checkbox"/> Didn't feel well utilized | <input type="checkbox"/> Other time commitments |
| <input type="checkbox"/> Other: _____ | | |

What did you like best about volunteering with us?

What suggestions would you make for changes or improvements in our volunteer effort?

Overall, how would you rate your experience in volunteering with us?

TERRIBLE			AVERAGE			GREAT
1	2	3	4	5	6	7

Please return this form to:

Name: _____

Address: _____