

# WESTERN VALLEY REGIONAL SERVICE COMMISSION VOLUNTEER SATISFACTION SURVEY



*Following the recent volunteer activity, you helped with, we would like you to take a few minutes to fill in as many questions contained in this survey as you can.*

*Your responses will remain confidential. We will study your responses, as well as those of other volunteers, to see how we can improve the next volunteer activity we organize as part of our partnership.*

*Thank you for your time.*

- Age (optional): \_\_\_\_\_
- How many times have you volunteered? \_\_\_\_\_
- Are you planning to volunteer again in the future? \_\_\_\_\_
- Why did you volunteer? \_\_\_\_\_

## TRAINING

- Was there any training needed for your volunteer role? If so, what sort of training was needed, and how many hours of training did you receive?  
\_\_\_\_\_

Was this on-the-job training or a special training session?  
\_\_\_\_\_

- Was the training you received (Please circle one):  
Excellent/Good/Fair/Poor/N/A
- Did your training prepare you for your volunteer role? (Please circle one):  
Very well/Somewhat/Didn't relate/N/A
- If you have comments you'd like to share, please include them below.  
\_\_\_\_\_

## SUPERVISION

- Were you provided with a clear outline of what was expected from you?  
YES/NO
- Were you provided direct supervision for support?  
YES/NO
- Did they make you feel like a valuable member of the team?  
YES/NO

- Did you feel that the organization, as a whole, supports volunteers?

YES/NO

- If you have comments you'd like to share, please include them below.

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## RECOGNITION

- Did you feel that your efforts were being/have been recognized and appreciated?

YES/NO

- Did you receive recognition for your service? If so, what was it?

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- Was the recognition you received sufficient?

YES/NO

- Were the efforts of volunteers recognized publicly, or in the media? If so, how?

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## OVERALL SATISFACTION

- How would you rate your overall volunteer experience? (Please circle one): Excellent/Good/Fair/Poor

- Were you treated properly and with respect?

YES/NO

- Did you enjoy working with other volunteers on the day?

YES/NO

- What was the highlight of your volunteering experience?

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- Please use the space below to make any further comments about your experience that could help us improve the volunteer experience for yourself and others?

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Thank you for taking the time to complete and return this survey. Your answers are important to us and will be kept confidential.