

Community HealthCorps Volunteer Satisfaction Survey

We want to continue to improve our programs/events and future volunteer experiences. Please complete this brief survey by rating the items below according to the following scale, 1 being “Poor” and 4 being “Excellent”. Please circle only one rating per item. Your feedback is greatly appreciated.

Project/Event:			
Organization:			
City, State:			
Birth Date: mo/day/year		Gender:	<input type="radio"/> Female <input type="radio"/> Male

	Poor	Satisfactory	Good	Excellent
Project description and what was expected of you	1	2	3	4
Volunteer instructions (You knew what to do, when and how.)	1	2	3	4
Leadership of the project manager	1	2	3	4
Handling of safety concerns	1	2	3	4
Amount of work you performed	1	2	3	4
Knowledge gained about community issues	1	2	3	4
Project benefit to the sponsoring organization	1	2	3	4
Project benefit to the community	1	2	3	4
Overall quality of the project	1	2	3	4
Overall volunteer experience	1	2	3	4

Are you interested in volunteering with us again? Yes No

If “yes”,	Name:	Phone 1:	
	Email:	Phone 2:	

Is your interest in volunteering again related to your experience with this project/event?

Yes No

Please tell us more about your volunteer experience, including (i.e. meaningful moment)

Thank you again for your time and dedication!