Annual Volunteer Program Survey

# General Tips

* The purpose of the survey is to help you gather information about:
  + the impact of your volunteer program
  + ways to improve your volunteer program
  + the experience of volunteers with your agency.
* The information gathered from the survey will help you make decisions about changes to your volunteer program and understand its impact on volunteers.
* You do not need to use all these questions – they are just a sample of the possible questions you could ask.
* For all questions, change the response options to answers that make sense for your agency’s context.

For example, the topics used for training, volunteer roles, length of time spent volunteering, etc.

* If you are already collect the information asked about in the survey using a different system, then do not repeat this in the survey. (For example, information asked about in questions 2 and 3.)
* Make sure that for each response option you have more than three volunteers who could pick that response.
  + This will ensure that you protect the anonymity of survey respondents.
  + If the number of volunteers who could choose an answer is too small, then change your response options to create a broader category (e.g., add roles together, change the ranges for length of time spent volunteering, etc.).

For help with evaluating your volunteer program, submit an Evaluation Request (<http://www.ohtn.on.ca/ebpu-evaluation/>) or contact the Evidence-Based Practice Unit (<http://www.ohtn.on.ca/evidence-based-practice-unit/>)

We can assist with revising questions, sending out the survey to your volunteers, analyzing completed surveys, and using prize ballots/incentives for completing the survey.

Sample Annual Volunteer Program Survey

Your work as a volunteer at Shamrock Health Services is important to us. We thank you for your commitment to HIV/AIDS prevention and support work in our community.

We invite you to help Shamrock continue to improve how we deliver our volunteer program by completing this annual survey. We want to learn about your experiences as a volunteer.

Please note:

* Your participation is voluntary and confidential.
* We do not need your name.
* You can skip any questions that you do not want to answer.
* Your answers will not affect your ability to access services or volunteer opportunities at Shamrock.

We will summarize the completed surveys and use the information to help improve how we deliver the volunteer program. We will provide a summary of some of the key findings in an upcoming newsletter.

If you have any questions about this survey, please contact:

Executive Director Name: AAAAAAA

Email: [xx@xxx.ca](mailto:xx@xxx.ca) Telephone: ###-###-#### x###

**PART A: INTAKE AND INVOLVEMENT**

1. **How long have you been volunteering at Shamrock?**☐ Less than 1 year  
   ☐ 1 – 2 years  
   ☐ 2 – 3 years  
   ☐ Over 3 years
2. **How did you hear about Shamrock?**

☐ At a community event, please specify if possible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ At a community presentation   
☐ From a friend

☐ Shamrock agency brochure

☐ Shamrock website

☐ Website about local volunteer opportunities (e.g., Volunteer Action Centre, Volunteer Toronto, etc.)  
☐ From another agency, please specify if possible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
☐ Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Why did you choose to volunteer with Shamrock?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Rate your level of agreement with the following statements about Shamrock’s volunteer intake process.**

*[Add any information that is discussed during the intake interview process here.]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **N/A (not applicable)** |
| After expressing my interest to volunteer at Shamrock, I was contacted in a timely manner to discuss volunteer opportunities |  |  |  |  |  |
| During my intake interview, I received the information I needed to a make an informed decision about volunteering |  |  |  |  |  |
| During my intake interview, I felt comfortable asking questions |  |  |  |  |  |
| After my intake interview, I had a good understanding of the roles and responsibilities of a volunteer at Shamrock |  |  |  |  |  |
| I left the intake interview with a good understanding of the next steps in the volunteer process |  |  |  |  |  |

**PART B: VOLUNTEER TRAINING**

1. **How satisfied are you with the overall training that you received for volunteering at Shamrock?**

☐ Very satisfied  
☐ Satisfied

☐ Somewhat satisfied  
☐ Dissatisfied

☐ Very Dissatisfied

☐ It was too long ago for me to remember

1. **Based on your experience, please rate the usefulness of each component of the volunteer training.**

**If you cannot remember your training, please skip this question.**

*[Insert the components of your volunteer training]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training Topic** | **Very useful** | **Useful** | **Somewhat useful** | **Not useful** | **Not Applicable /**  **I did not receive this** |
| HIV transmission & prevention |  |  |  |  |  |
| Hep C |  |  |  |  |  |
| PHA Speaker Presentation |  |  |  |  |  |
| Safer Sex |  |  |  |  |  |
| Anti-racism |  |  |  |  |  |
| Anti-sexism |  |  |  |  |  |
| Anti-homophobia |  |  |  |  |  |
| Trans Inclusion |  |  |  |  |  |
| Confidentiality |  |  |  |  |  |
| Agency policies |  |  |  |  |  |
| Volunteer Opportunities |  |  |  |  |  |

1. **Based on the role-specific training you received, how prepared were you to carry out the tasks required in each role? If you did not volunteer in a role in the past 12 months, check ‘did not volunteer in this area’*.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very prepared** | **Prepared** | **Somewhat prepared** | **Not prepared** | **Did not volunteer in this area**  **(in past 12 months)** |
| Reception desk |  |  |  |  |  |
| Office administrative support |  |  |  |  |  |
| Support services |  |  |  |  |  |
| Gay men’s outreach (bars, bathhouse) |  |  |  |  |  |
| Online outreach |  |  |  |  |  |
| Shamrock special events (e.g., Pride, World AIDS Day, AIDS Walk) |  |  |  |  |  |
| Education sessions |  |  |  |  |  |
| Harm reduction materials distribution |  |  |  |  |  |
| Helping to prepare materials (red ribbons, safer sex kits) |  |  |  |  |  |
| IT support |  |  |  |  |  |
| Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

1. **Please rate your level of agreement with the following statements about volunteer training at Shamrock:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| I received appropriate training to carry out my volunteer role |  |  |  |  |
| After completing the training, I knew my responsibilities to maintain confidentiality as a Shamrock volunteer |  |  |  |  |
| After completing the training, I knew the process for sharing complaints/issues at Shamrock |  |  |  |  |
| After completing the training, I knew my rights as a volunteer |  |  |  |  |
| After completing the training, I knew Shamrock’s values |  |  |  |  |
| After completing the training, I knew about Shamrock’s policies/procedures |  |  |  |  |

1. **How can Shamrock better support volunteers to carry out their roles?**

**(e.g., How can we improve the training? What topics were missing? What other resources do you need?)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part C: Volunteer Roles at Shamrock**

1. **Please rate your level of agreement with the following statements about the support provided to volunteers:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| I receive clear directions to carry out my volunteer work |  |  |  |  |
| I receive enough guidance from staff to carry out my role |  |  |  |  |
| I receive answers to my questions in a timely manner from staff |  |  |  |  |
| I have good access to support from the staff person who supervises my work |  |  |  |  |
| I have opportunities to learn from staff at Shamrock |  |  |  |  |

1. **Please rate your level of agreement with the following statements about the volunteer roles at Shamrock:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| I have volunteer opportunities that match my skills |  |  |  |  |
| I have volunteer opportunities that match my interests |  |  |  |  |
| I have volunteer opportunities that provide variety in roles |  |  |  |  |
| I have volunteer opportunities that fit into my schedule |  |  |  |  |
| I have a safe work environment (from physical injury) |  |  |  |  |
| I have a safe work environment (from verbal injury) |  |  |  |  |

1. **Every volunteer’s level of involvement is different. How frequently have you volunteered with Shamrock over the past 12 months?**

☐ More than a few times per month (3 or more times per month, or weekly)  
☐ A few times per month (1-2 times per month)   
☐ Special events only (World AIDS Day, fundraiser event, etc.)

1. **The time I spend volunteering at Shamrock is:**

* Too much time (I feel overworked)
* Just enough time (it’s as much time as I would like)
* Too little time (I want to volunteer more)

1. **Please share any suggestions for improving volunteer roles at Shamrock. (e.g., ideas for new volunteer roles)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART D: Communication with Shamrock**

1. **Rate your level of agreement with the following statements about communication with Shamrock.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| I receive updates on volunteer opportunities regularly |  |  |  |  |
| Volunteer opportunities are provided well in advance |  |  |  |  |
| I have enough opportunities to meet with other volunteers at Shamrock |  |  |  |  |
| I have enough opportunities to meet with staff at Shamrock |  |  |  |  |

1. **How would you like to receive information from Shamrock about volunteering? (check all that apply)**

* Email bulletin
* Phone call
* In the agency newsletter
* Other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART E: Satisfaction with Your Volunteer Experience at Shamrock**

1. **Please rate your level of agreement with the following statements:**

|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- |
| I feel welcome when I volunteer at Shamrock |  |  |  |  |
| I feel respected as a volunteer at Shamrock |  |  |  |  |
| I feel appreciated as a volunteer at Shamrock |  |  |  |  |
| I feel that Shamrock values feedback from its volunteers |  |  |  |  |
| My volunteer contributions are seen as an important part of Shamrock |  |  |  |  |
| My volunteer contributions are adequately recognized at Shamrock |  |  |  |  |

1. **How would you like your volunteer role to be recognized at Shamrock? (check all that apply)**

* Volunteer appreciation certificate
* Volunteer appreciation dinner
* Social opportunity to get together with other volunteers
* Other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please rate your level of agreement with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **N/A (not applicable)** |
| My knowledge of HIV/AIDS has increased based on my volunteer experience |  |  |  |  |  |
| I have gained new skills from volunteering that I can use in other areas of my life |  |  |  |  |  |
| I have improved my skills since I started volunteering at Shamrock |  |  |  |  |  |
| I have increased my social network (friends, connections with new people) based on my volunteer experience |  |  |  |  |  |
| I feel a sense of accomplishment when I volunteer with Shamrock |  |  |  |  |  |
| My volunteer experience has helped me gain paid employment |  |  |  |  |  |
| I would recommend volunteering at Shamrock to others |  |  |  |  |  |

1. **How would you rate your overall experience volunteering at Shamrock?**

☐ Very Good  
☐ Good  
☐ Fair

☐ Poor   
☐ Very Poor

1. **If applicable, please share how your experience volunteering at Shamrock has affected you.**

**(This can be positive or negative.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please share any other comments about your volunteer experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you for your time and feedback!***