**VOLUNTEER SURVEY**

Thank you for completing this survey. Please return it to <insert name> or place in the return box located <insert location>.

Volunteer Name: (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you been volunteering with <your organisation>?

* 6 months or less
* 6 months – 2 years
* 2 years – 5 years
* More than 5 years

1. What is your role in(s) the organisation?

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1. Would you recommend <your organisation> to other people who are interested in volunteering?

* Yes, definitely
* Yes, I think so
* No, I don’t think so
* No, Definitely not

1. How much do you agree or disagree with the following statements regarding your experience volunteering with <your organisation>?

|  | Definitely Agree | Tend to Agree | Tend to Disagree | Definitely Disagree |
| --- | --- | --- | --- | --- |
| I met people and made friends |  |  |  |  |
| I got satisfaction from seeing the results |  |  |  |  |
| It gave me a sense of personal achievement |  |  |  |  |
| It broadened my experience of life |  |  |  |  |
| It gave me a chance to do things I’m good at |  |  |  |  |
| I really enjoyed it |  |  |  |  |
| It helped me to build confidence in myself |  |  |  |  |
| It gave me the chance to learn new skills |  |  |  |  |
| It increased my physical activity levels |  |  |  |  |
| My role turn out as I expected |  |  |  |  |
| I received adequate support to perform my role |  |  |  |  |
| I received enough training to perform my role |  |  |  |  |

1. Are you intending to stay in this role next year?

* Yes
* No

1. Are there any roles or tasks you would be happy to undertake instead?

* No
* Yes, please specify

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1. If you answered yes to the previous question, do you have someone in mind to take over your role that you would be happy to ask?

* No
* Yes, please specify

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1. Please detail anything that would have made your role more enjoyable:

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Thank you for your comments.