Since you as a volunteer are an essential component to the success of the Ombudsman Program, your responses to the following questions will help us to make our program more effective. Please be as complete and honest as you can. All of the information collected will be kept strictly confidential.

Name__________________________________________ Date __________

1) What do you find most rewarding about your ombudsman work? (Circle all that apply)
   - Case Resolution
   - Interacting with Residents
   - Interacting with Families of Residents
   - Reporting Monthly Activities
   - Interacting with Program staff and Volunteers
   - Inservices on Long-term Care
   - Interacting with Resident/Family Councils
   - Other (Please Specify) ___________________________________________________________________

2) What do you find least rewarding about your ombudsman work? (Circle all that apply)
   - Case Resolution
   - Interacting with Residents
   - Interacting with Families of Residents
   - Reporting Monthly Activities
   - Interaction with Facility Staff
   - Interacting with Program staff and Volunteers
   - Inservices on Long-term Care
   - Interacting with Resident/Family Councils
   - Other (Please specify) ___________________________________________________________________

3) To what extent do you, as a volunteer, believe you are effective at the facility you serve:
   - With the residents? (Circle one) Not Effective Somewhat Effective Very Effective
   - With family members? (Circle one) Not Effective Somewhat Effective Very Effective
   - With Staff and Administration? (Circle one) Not Effective Somewhat Effective Very Effective

   Please explain: ___________________________________________________________________________

4) What do you believe to be the most difficult part of your Ombudsman duties?

   _______________________________________________________________________________________
5) Do you believe the Ombudsman program/staff helps you do your work more effectively?

No       Somewhat       Yes

What additional support is needed? ____________________________________________

6) Does the information you receive in training and monthly in-services provide you with the knowledge and skills to do your work as an Ombudsman?

No       Somewhat       Yes

Please explain: __________________________________________________________

7) The State Ombudsman Office mandates that all volunteers attend a minimum of 4 In-Services annually. Are you able to meet this mandate?

Yes       No (if no, please explain): _________________________________________

8) In order to best assist you in your role as Ombudsman, please recommend types of in-services which would be most helpful:

_____________________________________________________________________

_____________________________________________________________________

9) Overall, how would you rate your Ombudsman experience?

Not Satisfied       Satisfied       Very Satisfied

10) Would you recommend becoming an Ombudsman Volunteer to others?

Yes       No (if no, please explain): _______________________________________

11) Please offer any other thoughts or suggestions you may have regarding improving the effectiveness of the Ombudsman Program.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________