

Long Term Care Volunteer Ombudsman Program

Exit Interview Questionnaire

We are always striving to improve the performance of our volunteer involvement system. As one of our volunteers, we would appreciate your help in identifying areas in which we might do better. Please be as complete and honest as you can in answering the following questions – all the information collected will be kept strictly confidential, but it will be utilized to ensure that others who volunteer will receive the best possible treatment.

1. Approximately how long did you volunteer with us? _____

2. Why are you leaving? (Please check all that apply)

- One-year commitment completed Medical/Health

If you check any of the following boxes, please explain below:

- Didn't like the volunteer experience Didn't feel well utilized
 Other time commitments Didn't feel welcomed (If yes, by whom?)
 Need a change Other
-
-
-

3. What did you like best about volunteering with us?

4. What did you like least about volunteering with us?

5. What suggestions would you make for changes or improvements in our volunteer effort?

6. Overall, how would you rate your experience in volunteering with us?

<i>Poor</i>		<i>Average</i>		<i>Good</i>
1	2	3	4	5

7. Would you recommend becoming an Ombudsman volunteer to others?

*Thanks for your help in completing this form and during your volunteering with us.
We appreciate the help you've given us in trying to assist our clients and our community.*