

Long-Term Care Ombudsman Volunteer Exit Interview

Thank you for the time you spent as a Long Term Care Ombudsman Volunteer Representative.

To improve the effectiveness of our Volunteer Program, we need your help in identifying areas in which to improve. Please be as complete and honest as you can in answering the following questions. This information will be kept confidential, but will be utilized to ensure that others who volunteer will receive the best possible training.

1. How long were you a volunteer program representative? _____

2. Why did you decide to leave the program? (Check all that apply)

- a. Did not like the assignment I was given
- b. Moving to a new location
- c. Need a change/burn-out
- d. Did not feel well utilized
- e. Other time commitments
- f. Health problems
- g. Problems with staff or other volunteers
- h. Family caregiving responsibilities
- i. Other

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

4. What things caused you the most frustration?

5. What suggestions would you make for changes or improvements?

6. Did the **classroom training** adequately prepare you for your role as a Resident Advocate?

If yes, how?

If no, why not?

Please continue on the reverse side of this page.

7. Did the **on-site training** adequately prepare you for your role as a Resident Advocate?

If yes, how?

If no, why not?

8. Did the monthly continuing education meetings meet your needs?

If yes, how?

If no, why not?

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

Poor		Average		Excellent
1	2	3	4	5

Please return this form to:

**Executive Office on Aging
ATTN: LTCOV
250 S. Hotel Street, #406
Honolulu, HI 96813**