



## Office of Ombudsman for Long-Term Care

### Exit Survey for Certified Ombudsman Volunteers

Introduction:

You are under no obligation to answer these questions, but your honesty and frankness will help us to improve our volunteer program and improve the experience for future volunteers and ultimately help us with our mission to improve the quality of life for people who live in long term care residences.

Name:

Date:

Date Volunteer Assignment Began:

Regional Ombudsman:

1. Why did you resign your position with the office of ombudsman for long-term care?
2. What was your original motivation for volunteering with us?
3. How well were your expectations met?
4. What did you enjoy most about volunteering with us?
5. What did you like least about volunteering with us?
6. How adequate was the orientation you received for your assignment?



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- a. Are there changes we could make to our orientation that would have better met your needs?
  
7. Did you feel adequately prepared for your role?
  
8. How adequate was the ongoing training you received for your assignment?
  - a. Are there changes we could make in our ongoing training that would have better met your needs?
  
9. Do you feel the support and supervision you received was adequate?
  - a. Are there changes we could make in supporting and supervising you that would have better met your needs?
  
10. Did any of our organization's policies or procedures support or hinder your volunteering?
  
11. What was the most interesting or rewarding experience you had while volunteering here? May we use your words for recruitment purposes? (If positive)

