Ombudsman Volunteer Program
Exit Questionnaire

We always strive to improve our volunteer program. You can help us identify our strengths and weaknesses by filling out this form. Your honest and complete answers are appreciated. Your name and comments are confidential. Thank you for your contribution and support.

- How long did you volunteer for the Ombudsman Volunteer Program? _____

- Why are you ending your volunteer service? (Check any that apply.)
  __ Needed a change
  __ Moving to new area
  __ Didn't feel well utilized
  __ Health issues
  __ Other: _____
  __ Not ready to do this type of volunteer work
  __ Other time commitments
  __ Didn't like what I was doing
  __ Problems with staff or volunteers

- Did the classroom training adequately prepare you for your role as an Assistant Ombudsman? Yes _____ No_____

- Were the ombudsman meetings useful to you? Yes_____ No _____

- Was mentoring useful to you? Yes _____ No _____

- Were you kept up to date by phone/email/mail? Yes _____ No _____

- How do you rate your overall experience in the Ombudsman Volunteer Program?

Poor ***Great***

1 2 3 4 5 6 7 8 9 10

_____

Additional comments/suggestions:

_____

Name: _____ Date: _____

Please return this completed questionnaire to:
The Area Agency on Aging of North Idaho
Ombudsman Program
2120 Lakewood Drive, Suite B
Coeur d'Alene, Id 83814