

April 22, 2005

Dear Gail,

I was sorry to hear about your resignation from the Volunteer Ombudsman Program. As much as I hate to hear of your desire to no longer volunteer with us, I understand that we all have personal lives that effect changes to our circumstances. I am sure by now you have made arrangements to return the ID badge and name tag. We appreciate your cooperation in this matter.

I am enclosing an exit survey form and self-addressed stamped envelope. If you would take a few minutes and give us your comments, I would appreciate it. We are continuing to improve our Volunteer training; and with input from volunteers who leave the program, we hope to make changes that will make the Ombudsman experience more rewarding for new Volunteers.

In the future if you wish to return to the program as an active volunteer, just give us a call. You will be welcome anytime. Thank you for training with the Long-Term Care Ombudsman program. I will miss seeing you from time to time at the Kansas City volunteer meetings. Your service with the program during the past years has been of tremendous help to residents in Kansas' Long-Term Care facilities. Take care and thank you for all you have done for us.

Sincerely,

Deborah Merrill  
Volunteer Services Coordinator

**State of Kansas**  
**Office of the State Long-Term Care Ombudsman**

**Exit Interview Survey**

Thank you for participating in the State of Kansas Long-Term Care Ombudsman Volunteer Exit Interview Survey. Your thoughts and feelings are extremely important to us. The information you provide in this survey will assist the Long-Term Care Ombudsman Program in the assessment of our strengths and weaknesses. The survey covers general information, communication/information, and training and development.

**Confidentiality**

Your responses will remain anonymous, so please answer the questions with complete honesty.

**Your Comments**

Please complete the additional comment section of this survey if there is a subject we overlooked that is important for assessing volunteer recruitment and retention.

**I. General Information**

**Please mark an (X) in the appropriate box:**

**Please indicate the region where you volunteer:**

**Length of Service:** \_\_\_\_\_

- Area I – Great Bend office
- Area II – Topeka office
- Area III – Kansas City office
- Area IV – Wichita office
- Area V – Garden City office

**People usually leave a job for many reasons. Why are you leaving your current volunteer position? (Check all that apply)**

- Family reasons
- Health reasons
- Personal reasons
- Dissatisfied with supervisor
- Dissatisfied with the work
- Dissatisfied with the program
- Mutual consent
- Return to School
- Other (Please Specify): \_\_\_\_\_

What did you like most about your volunteering? \_\_\_\_\_  
\_\_\_\_\_

What did you like least about your volunteering? \_\_\_\_\_  
\_\_\_\_\_

Indicate which benefit you consider most valuable. (using all numbers, rank these factors in order of importance with **1** as **the most important** and **6** being the **least important**)

- \_\_\_ Access to resources
- \_\_\_ Relationship with other volunteers
- \_\_\_ Location
- \_\_\_ Recognition for doing a good job
- \_\_\_ Self-satisfaction/Job Fulfillment
- \_\_\_ Flexible work hours

## II. Communication/Information Flow

I received information on statewide programs through my supervisor or manager in a timely manner.

- Yes
- No

Comments: \_\_\_\_\_

I received effective New Volunteer training when I started.

- Yes
- No

Comments: \_\_\_\_\_

Were you kept informed on matters affecting the State of Kansas and the Long-Term Care Ombudsman office?

- Yes
- No

Comments: \_\_\_\_\_

Did you find the newsletter, "The Volunteer Voice", to be informative and worthwhile?

- Yes
- No

Comments: \_\_\_\_\_

### III. Training and Development

I received quality on-the-job training.

- Yes
- No

I was provided the tools and equipment needed to effectively perform my duties.

- Yes
- No

The training I received enhanced my ability to perform in my position.

- Yes
- No

I received constructive feedback on my job performance.

- Yes
- No

I was offered training that kept me up-to-date with changes and information that affected my job.

- Yes
- No

Information on training opportunities was made available to me.

- Yes
- No

### IV. Survey Comments (additional comments)

**If you feel there is a subject which has been overlooked that is important for assessing the organizational climate of the State of Kansas, Office of the Long-Term Care Ombudsman Office, please offer your suggestions for improvement below:**

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