

Date

Dear :

Thank you for your volunteer advocacy service to residents at the xxx Nursing Home. I want to express my appreciation on behalf of the ombudsman program for your dedication from xxxx to xxx.

Your work helped to improve the quality of residents' lives and helped to ensure their rights to dignity and quality of care. You have been an integral part of our statewide volunteer effort.

I have enclosed a survey for you to complete along with a SASE. It will help us to improve the quality of our volunteer program. Your comments will be very helpful.

Thank you again for helping to promote our mission by your volunteer service with the Office of Ombudsman for Older Minnesotans.

Sincerely,

Sharon Zoesch  
Ombudsman for Older Minnesotans

CC Regional Ombudsman

Enclosures: Survey  
SASE

**The Office of Ombudsman for Older Minnesotans  
Volunteer Advocate Program  
Survey for Resigned Volunteers**

*Your experience as a Volunteer Advocate is important to us. Please complete the following survey and mail in the SASE provided for your convenience. Your response helps us to improve the quality of our program to better serve older Minnesotans.*

1. How would you rate your overall experience as a Volunteer Advocate with the Office of Ombudsman for Older Minnesotans? *(Please circle one)*

Very positive      Positive      Negative      Very Negative

2. How did your volunteer work impact the lives of the residents you assisted?

3. What was the greatest difficulty you encountered as a Volunteer Advocate?

4. What were your rewards of being a Volunteer Advocate?

5. How was most of your time spent when volunteering?  
*(Examples would be problem solving with residents, visiting, survey exits, etc.)*

**Volunteer Survey**

6. What training topics do you recommend for the Volunteer Advocate replacing you?

7. How would you rate the Volunteer Advocate Training Manual?  
Informative? Yes No    User friendly? Yes No    Current? Yes No  
Comments:

8. Would you volunteer with our office again? Yes No

9. Why?

Please make any corrections to the following information if necessary:

Name: I

Address:

Region:

Number of years as a Volunteer Advocate: January 2001 to September 2003.

Nursing home or Assisted Living where you volunteered: xx

Would you like to remain on our mailing list? Yes No

Your email address \_\_\_\_\_