Rochester, NY LTCOP

Volunteer
Ombudservice Program Evaluation
Family Service League

Name (optional): ___________________________  Date: __________________

I have been an Ombudsperson for (optional):
___ less than 1 year  ___ 1-3 years
___ 4-10 years  ___ more than 10 years

1) Please check the most appropriate column regarding your Ombudsperson work:

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<th></th>
<th>Satisfying</th>
<th>Unsatisfying</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>Investigating and resolving complaints</td>
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<td>Interacting with residents</td>
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<td>Interacting with families of residents</td>
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<td>Interacting with facility staff</td>
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<td>Interacting with program staff</td>
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<td>Interacting with volunteer ombudspersons</td>
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<td>In-service meetings</td>
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<td>Reporting monthly activities</td>
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<td>Other (please specify)</td>
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2) To what extent do you, as a volunteer, believe you are effective at the facility you serve:

   With Residents?   ____ Very effective   ____ Somewhat effective   ____ Not effective
   With Family Members?   ____ Very effective   ____ Somewhat effective   ____ Not effective
   With Facility Staff?   ____ Very effective   ____ Somewhat effective   ____ Not effective

Please comment: ____________________________________________________________

________________________________________________________________________

3) Do you think the Ombudservice staff helps you to do your work effectively?

   ____ Yes              ____ Somewhat              ____ No

Please comment: ____________________________________________________________

________________________________________________________________________
4) What else can staff do to support you and make your work easier or better?

_______________________________________________________________________________
_______________________________________________________________________________

5) Does the information you receive in training and in-service meetings provide you with the knowledge to do your work as an Ombudsperson?

____Yes    ____Somewhat    ____No

Please Comment:_____________________________________________________________________

__________________________________________________________________________________

6) What topics would be most helpful to you, as an Ombudsperson, for future in-service meetings?  
   **Suggested topics and/or speakers:**

7) Would you be interested in attending local small group meetings with a staff member and other Ombudspersons to discuss cases and case resolution?  ____Yes  ____No

   If you answered Yes, how often would you like to meet?

   ____Monthly  ____3 times a year

   ____4 times a year  ____Other (please specify)

8) For Ombudspersons with 3 or more years experience, would you be willing to mentor one or more newly certified volunteer Ombudspersons?

____Yes  ____No

9) Please describe any suggestions you may have on new roles Ombudspersons might fill.

10) Please share any comments you have about ways you feel the program could be improved.

Please return this questionnaire by January 30, 2004 to Judy Wirkula, OmbudsService Program, Family Service League, 790 Park Avenue, Huntington, NY 11743. Thank you.