

**OMBUDSMAN VOLUNTEER PROGRAM
EXIT INTERVIEW**

We are always striving to improve our volunteer program. Your assistance in completing this form will help us to identify our strengths and weaknesses as an agency. Please be as complete and as honest as you can in answering the following questions. We will hold your comments as confidential, yet use our feedback to improve our program for all that participate and receive services from the Ombudsman Program. Thank you for your continued support.

How long did you volunteer for the Ombudsman Program? _____

What volunteer positions did you participate in?

1. _____ 2. _____
3. _____ 4. _____

Why are you ending your volunteer service? (Check all that apply)

- Needed a change Not ready to do this type of volunteer work
 Moving to new area Other time commitments
 Didn't feel well utilized Volunteer job was complete
 Didn't like what I was doing Other: _____

What did you like best about volunteering as for the Ombudsman Program?

What suggestions would you offer for improving the Ombudsman Volunteer Program?

How would you rate your overall experience in volunteering with the Ombudsman Volunteer Program? (Please circle your choice)

Terrible					Average						Great
1	2	3	4	5	6	7	8	9	10		

Comments:

**Please return this completed questionnaire to:
Salt Lake County Aging Services
Ombudsman Volunteer Program
2001 S. State St, S1500
Salt Lake City, UT 84190-2300**