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

12/28/06
exitinterview.doc