

# Annual Volunteer Ombudsman Program Evaluation

Since you as a volunteer are an essential component to the success of the Ombudsman Program, your responses to the following questions will help us to make our program more effective. Please be as complete and honest as you can. All of the information collected will be kept strictly confidential.

Name \_\_\_\_\_ Date \_\_\_\_\_

## 1) What do you find most rewarding about your ombudsman work? (Circle all that apply)

- |  |   |
|--|---|
| Case Resolution                        | Interacting with Facility Staff               |
| Interacting with Residents             | Interacting with Program staff and Volunteers |
| Interacting with Families of Residents | Inservices on Long-term Care                  |
| Reporting Monthly Activities           | Interacting with Resident/Family Councils     |
| Other (Please Specify) _____           |   |

## 2) What do you find least rewarding about your ombudsman work? (Circle all that apply)

- |  |   |
|--|---|
| Case Resolution                        | Interaction with Facility Staff               |
| Interacting with Residents             | Interacting with Program staff and Volunteers |
| Interacting with Families of Residents | Inservices on Long-term Care                  |
| Reporting Monthly Activities           | Interacting with Resident/Family Councils     |
| Other (Please specify) _____           |   |

## 3) To what extent do you, as a volunteer, believe you are effective at the facility you serve:

- |  |              |               |                    |                |
|--|--------------|---------------|--------------------|----------------|
| With the <u>residents</u> ?            | (Circle one) | Not Effective | Somewhat Effective | Very Effective |
| With <u>family members</u> ?           | (Circle one) | Not Effective | Somewhat Effective | Very Effective |
| With <u>Staff and Administration</u> ? | (Circle one) | Not Effective | Somewhat Effective | Very Effective |

Please explain: \_\_\_\_\_

## 4) What do you believe to be the most difficult part of your Ombudsman duties?

\_\_\_\_\_  
 \_\_\_\_\_

5) Do you believe the Ombudsman program/staff helps you do your work more effectively?

No

Somewhat

Yes

What additional support is needed? \_\_\_\_\_

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6) Does the information you receive in training and monthly in-services provide you with the knowledge and skills to do your work as an Ombudsman?

No

Somewhat

Yes

Please explain: \_\_\_\_\_

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7) The State Ombudsman Office mandates that all volunteers attend a minimum of 4 In-Services annually. Are you able to meet this mandate?

Yes

No (if no, please explain): \_\_\_\_\_

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8) In order to best assist you in your role as Ombudsman, please recommend types of in-services which would be most helpful:

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9) Overall, how would you rate your Ombudsman experience?

Not Satisfied

Satisfied

Very Satisfied

10) Would you recommend becoming an Ombudsman Volunteer to others?

Yes

No (if no, please explain): \_\_\_\_\_

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11) Please offer any other thoughts or suggestions you may have regarding improving the effectiveness of the Ombudsman Program.

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