Volunteer Long-Term Care Ombudsman Program Evaluation Form

Thank you for volunteering with Georgia State Long-Term Care Ombudsman Program! Please take a few minutes to complete this survey and let us know about your volunteer experience. Your input is very important to us and will help us provide a quality experience for all of our volunteers.

1. **How well were your volunteer position and responsibilities explained to you?**

___Fully explained
___Explained
___Partially explained
___Not explained

2. **How well did our volunteer training prepare you to meet the responsibilities of your position?**

___Very adequately
___Adequately
___Fairly adequately
___Not adequately

3. **How well do feel you have been able to fulfill your volunteer responsibilities?**

___Fully fulfilled
___Adequately fulfilled
___Partially fulfilled
___Not at all fulfilled

4. **Do you feel our volunteer program was well organized?**

___Very organized
___Organized
___Fairly organized
___Not at all organized

5. **Do you find our staff Ombudsman Representative approachable?**

___Very approachable
___Approachable
___Somewhat approachable
___Not at all approachable

6. **Do you feel supported by our local ombudsman program staff?**

___Very supported
___Supported
___Somewhat supported
___Not at all supported

7. **Do you feel you were provided adequate resources to accomplish your tasks?**

___Very adequate ___Adequate
___Somehow adequate ___Not at all adequate

8. **Would you recommend that your friends or family members volunteer with Georgia State Long-Term Care Ombudsman Program**?

___Yes ___No

If no, please explain:

_____

_____

_____

9. **Overall, are you satisfied with your volunteer experience?**

___Very satisfied ___Satisfied
___Somewhat satisfied ___Not at all satisfied

10. **What could we improve to make your volunteer experience more enjoyable?**

_____

_____

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11. **What do you enjoy most about volunteering with Office of the State Long-Term Care Ombudsman**?

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