

Gateway CAP Volunteer Feedback and Program Evaluation

Thank you for choosing to volunteer your time with us at Gateway CAP! As part of our continued efforts to improve our volunteer program, we would like your feedback.

Date _____

Name (Optional) _____

Supervisor's Name (Optional) _____ Department

How long have you been volunteering with us?

How did you hear about this opportunity?

Please rate 1-5 your experience in the following categories (5 being Excellent)

The agency orientation/on-site training was relevant and helpful. ____

The staff was friendly and open to volunteers. ____

The agency accommodated my schedule. ____

I would recommend Gateway CAP as a good place to volunteer. ____

I could see that my work was contributing to the mission of Gateway CAP. ____

What did you most enjoy about volunteering at Gateway CAP?

If you could make two changes to our program, what would they be?

1.

2.

Can you suggest some new ways to recruit volunteers?

Are you leaving Gateway CAP?

If yes, why?

Overall, how would you rate our volunteer program? 1(bad) – 5 (excellent)

Additional Comments