

TCCAP Volunteer Feedback and Program Evaluation

Thank you for choosing to volunteer your time with us at TCCAP! 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 TCCAP as a good place to volunteer. ____

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

What did you most enjoy about volunteering at TCCAP?

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 TCCAP?

If yes, why?

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

Additional Comments