

Volunteer Satisfaction Survey

We would be grateful if you would complete this survey, to help us assess your experience of volunteering and the impact that it has. All of the information you give will remain anonymous and will be used to improve our service.

1. How long have you been volunteering with _____? *Please tick one answer only*

- | | | | |
|--------------------|--------------------------|------------------|--------------------------|
| Less than one year | <input type="checkbox"/> | 6-10 years | <input type="checkbox"/> |
| 1-2 years | <input type="checkbox"/> | 11 years or more | <input type="checkbox"/> |
| 3-5 years | <input type="checkbox"/> | | |

2. How often do you volunteer with _____? *Please tick answer only*

- | | | | |
|--------------------------|--------------------------|-------------------|--------------------------|
| One day a week or more | <input type="checkbox"/> | Very occasionally | <input type="checkbox"/> |
| One or two days a month | <input type="checkbox"/> | Once only | <input type="checkbox"/> |
| A couple of times a year | <input type="checkbox"/> | | |

3. What volunteer role do you carry out? *Please describe in the box below*

4. Overall how satisfied are you volunteering with _____? *Please tick one answer only*

- | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| Very satisfied | Satisfied | Neither satisfied nor
dissatisfied | Dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Overall how satisfied are you with how your volunteering is organised?

- | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| Very satisfied | Satisfied | Neither satisfied nor
dissatisfied | Dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. How would you rate the quality of the support you receive from _____ in relation to your role? *Please tick the appropriate box*

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good | Good | Fair | Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Below are a number of statements about the training and management you have received as a volunteer. Please tick the box to indicate how much you agree or disagree with each statement.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant
I am satisfied with the recognition I have received for my volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my skills are well utilised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of what is expected of me most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of what I can expect from Volunteer Now most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get support whenever I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel the contribution I make to Volunteer Now is valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How satisfied are you with your access to the following? Please tick the box that applies to you

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not relevant
Access to training courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to social events with other volunteers and/or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Listed below are some of the ways that people gain personally from being a volunteer. Have any of the following increased or decreased for you? Please tick the box that applies to you

	Increased greatly	Increased	Stayed the same	Decreased	Decreased greatly	Not relevant
My personal development (e.g. confidence, self-esteem, selfmanagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My skills (e.g. from teamwork through to computer literacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My general health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Listed below some of the ways in which people gain socially from volunteering. Please tick the box that summarises how much the following have increased or decreased for you.

	Increased greatly	Increased	Stayed the same	Decreased	Decreased greatly	Not relevant
My range of friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My participation in social gatherings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My support and information networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of being part of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My interest in doing more volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My trust in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Would you recommend volunteering with _____ to others? *Please tick one answer only*

- Yes, definitely
 Yes, I think so
 No, I don't think so
 No, definitely not

12. Do you have any suggestions on how volunteering within _____ could be improved i.e. support, training, management, communication, the role?

Please leave any other comments in the box below

About You

Please fill in the following details about you – they will be kept completely private but will help us build up a profile of our volunteers.

Are you:

Male

Female

How old are you?

Under 16

45-54

16-20

55-64

20-24

65-74

25-34

75

and over

35-44

How would you describe your ethnicity?

White

Chinese or Chinese European

Asian or Asian European

Other (please specify):

Black or Black European

Do you consider yourself to be have a disability?

Yes

No