

Volunteer Feedback Form

1) Have you received enough training to carry out your volunteer assignment(s)? Yes No
If not, please explain:

2) In your experience, does your volunteer assignment match your assignment guide (included in this packet)?

Yes

No. If not, please explain:

3) To what extent do you think volunteers are accepted by staff in the department you volunteer?

Well accepted

Not well accepted

Generally well accepted, but with exceptions

Generally not well accepted, but with exceptions

4) To what extent do you think volunteers are accepted and welcomed by patients and visitors?

Well accepted

Not well accepted

Generally well accepted, but with exceptions

Generally not well accepted, but with exceptions

5) What level of appreciation is expressed for what you do as a volunteer?

A high level of appreciation

Some appreciation

No appreciation

6) Are you provided with sufficient feedback on your performance? Yes No

If not, please explain:

7) Does your volunteer service meet your expectations? Yes No

If not, please explain:

8) Rate the staff in the volunteer office regarding availability and assistance:

- Always available and helpful
- Sometimes available and helpful
- Never available and helpful

9) In what ways can Volunteer & Community Services be of better service to you?

10) What is the best experience you have had while volunteering?

11) What is the worst experience you have had while volunteering?

12) Additional comments or suggestions:

Name (Optional): _____ **Date:** _____

Please return to:
Volunteer & Community Services
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