

VOLUNTEER SATISFACTION SURVEY
King County Long Term Care Ombudsman Program.

Name: Optional _____ Date: _____

1. What makes your volunteer experience most rewarding?

2. What most detracts from your experience as a volunteer?

3. How do you feel about the support you receive from the staff?

4. How do you feel about the training you have received and what improvements or changes to the training would you recommend?

5. What topics would you like to see addressed at Volunteer Meetings?

6. What other changes would you like to see made?

7. How long have you been a volunteer (months)? _____

8. Type of Facility Served (Check all that apply): ___Nursing Home
___Adult Family Home ___ Boarding Home