



VOLUNTEER SURVEY

1. How many seniors do you currently serve? _____
2. Your age: _____
3. Which of the following services have you provided as a volunteer through CAREGIVERS?
(Please check all that apply)
 - Transportation to Medical Appointments
 - Transportation for Other
(Including shopping, errands, outings, etc.)
 - Phone Friends and/or friendly phone calls
 - Visiting
 - Assistance with reading and/or writing
 - Gardening/light household tasks
 - Other support: _____

4. How often do you contact your senior(s)?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____

5. When were you last in contact with the CAREGIVERS office?
 - 1-2 Weeks ago
 - 3-4 Weeks ago
 - Over one month ago
 - Over two months ago
 - Other: _____

6. How often do you provide services through CAREGIVERS?
 - Once a week
 - More than once a week
 - Once a month
 - Other: _____

Please indicate whether you agree or disagree with the following statements:

7. I am satisfied with my interactions with the CAREGIVERS Staff.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
8. I am satisfied with my interactions with the senior(s) served.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree

9. I believe that volunteering with CAREGIVERS has had a positive impact on my life.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree

10. I believe my services have made a positive impact on my senior(s) served.
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree

11. The biggest challenge(s) I see my senior(s) facing is/are: _____

12. The biggest challenge(s) I face as a volunteer is/are: _____

13. Please provide any additional comments, concerns, ideas for workshops/volunteer activities, or recommendations that you have for CAREGIVERS:

14. CAREGIVERS is actively recruiting volunteers, please let us know if you have a referral or recruiting opportunity:

- I would like CAREGIVERS to contact me regarding this survey.

Name: _____
Phone #: _____