**Volunteer Feedback Form**

The views and experience of all volunteers are greatly appreciated especially during this time of need. To improve, support and collate volunteers experience we kindly ask you to complete the sections below:

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)

**Organisation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)

**How many years have you been volunteering for?**

0-1yrs 1-5yrs over 5yrs

Briefly describe the volunteering area you supported during the Covid-19 response?

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Did you feel supported and have access to the resources you required?

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Can you suggest ways in which your experiencing volunteering could be improved?

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**On average how many hours per week did you spend volunteering**?

1-2hrs 2-5hrs 5-10hrs 10hrs or over

**Please state your agreement with the following:**

Strongly disagree Disagree Unsure Agree Strongly Agree

1 2 3 4 5

The volunteering opportunities were communicated efficiently 1 2 3 4 5

Information provided was in a clear and user-friendly format 1 2 3 4 5

My skills and abilities were used fully 1 2 3 4 5

I felt valued and included 1 2 3 4 5

Please provide any other comments you wish add in the section below:

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If you wish to be contacted regarding your feedback, please provide contact details below:

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**