EXIT QUESTIONNAIRE

We are always striving to improve our volunteer program. As one of our volunteers, we would appreciate your help in identifying areas in which we can improve. Please answer the following questions honestly and completely—all of the information collected from this survey will be kept strictly confidential, but will be utilized to ensure that others who volunteer will receive the best possible experience.

Name (optional)				Date				
How long	g did you volun	teer with us? _						
Voluntee	r position/s hel	d:						
1		Y						
2. 3.								
Why are you leaving? (Check all that apply Job accomplished Didn't like the job I was given Other time commitments Didn't feel well utilized				and give details wherever possible) Moving to new location Didn't feel welcome Need a change Other			on	
Commen	ts:							
						1		
		vements would						
	inges or impro-	- memo would	, 04 1110		,		<u></u>	
					A District			
	how would you 'oor	rate your expen	rience	in voluntee Average		?		Great
	1	2	3	4	5	6	7	
	uld you rate you oor	ur overall perfor		Average	9			Great
I Lave vera	ld von rote von	2 ur contributions	3 to the	4 VMCA2	5	6	7	
	uid you rate you	ur contributions	to the	Average	e			Great
	1	2	3	4	5	6	7	
				£				

Thank you for your time. Please return this form to your Supervisor.