



Volunteer Feedback Form

Date completed: Month ____ Day ____ Year ____

1. In the last six months, about how many hours do you volunteer?

- 1-5 hours per month 5-10 hours per week More than 20 hours per week
 1-5 hours per week 10-20 hours per week

2. Please indicate your age.

- 18-29 years 30-49 years 50-59 years More than 60 years

3. How much of an impact on the FRC do you feel you had as a volunteer? *(Check one only)*

- A great deal of impact Some impact A moderate amount of impact A little impact Not any impact at all

4. How satisfied are you with your volunteer experience? *(Check one only)*

- Extremely satisfied Neither satisfied nor dissatisfied Extremely dissatisfied
 Somewhat satisfied Somewhat dissatisfied

5. How valued did you feel as a volunteer by FRC staff and families? *(Circle one)*

1	2	3	4	5	6	7	8	9	10
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Somewhat valued

Very valued

6. Please describe your favorite part of your experience volunteering. *(Continue on back if needed)*

7. In the last year, with which of the following activities did you volunteer? *(Check all that apply)*

- Arts and crafts (general)
 - Painting
 - Drawing
 - Sculpting
- Administrative tasks (e.g. filing, data entry, office organization)
- Cooking activities
- Cultural heritage activities
- Event Planning
- Exercise activities (e.g. zumba, yoga, movetriton)
- Fundraising
- Gardening activities
- Leading parent workshops
- Music
 - Singing
 - Playing instrument
- Organizational support (e.g. filing, data entry)
- Sports
- Science activities
- Storytelling
- Teaching English language
- Volunteering at community event
- Other: _____