



## New Volunteer Placement Feedback Form

We hope you are enjoying your volunteer placement with the Winnipeg Regional Health Authority. We would appreciate it if you could complete this survey so that improvements can be made in the delivery of volunteer services.

Please answer the questions below, to the best of your ability.

\* Required

1. Name \*

2. Volunteer Role \*

3. Location of Volunteer Placement (example: Pan Am Clinic or Community Area) \*

4. I received sufficient orientation before starting my volunteer placement. \*

☐ Yes

☐ No

5. The "on the job" training I received has helped me to fulfill my volunteer duties. \*

☐ Yes

☐ No

6. My volunteer contributions are meaningful and I'm enjoying my placement. \*

Strongly agree

Agree

Neither agree nor  
disagree

Disagree

Strongly disagree

☐☐☐☐☐

7. Is there anything you would change about your volunteer experience? \*

8. I am shown support and appreciation by my placement supervisor. \*

- ☐ Yes
- ☐ No
- ☐ Sometimes

9. Would you recommend volunteering to a friend? \*

- ☐ Yes
- ☐ No

10. I am interested in continuing to volunteer in my current placement. \*

- ☐ Yes
- ☐ No

11. If No, provide details \*

12. Please feel free to provide any other comments regarding your volunteer placement.

(e.g. requesting change in shift, would like to volunteer in another area, have someone to recommend to volunteer at WRHA, etc.)

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