



Volunteer Feedback Form
Volunteer Services Department

University Hospitals Cleveland Medical Center
11100 Euclid Avenue, Wearn 133
Cleveland, OH 44106-5019
Phone: 216-844-1504
Fax: 216-844-8796

Volunteer Name _____

Volunteer Area _____ Supervisor _____

(If you volunteer in more than one area please complete additional surveys)

Please circle your response to following questions.

Lowest

Highest

- | | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. I feel the Volunteer Services Department responds to my needs. | | | | | |
| 2. I find my volunteer assignment fulfilling. | | | | | |
| 3. I feel my skills and talents are being utilized. | | | | | |
| 4. I feel I am treated as a valued contributing member of the team in the department where I volunteer. | | | | | |
| 5. I have a clear understanding of what is expected in my volunteer position. | | | | | |
| 6. I feel adequately trained to perform my volunteer duties. | | | | | |
| 7. I feel my volunteer supervisor is accessible and supportive. | | | | | |
| 8. I would encourage others to volunteer at University Hospitals. | | | | | |

Do you see any barriers/frustrations to volunteering at University Hospitals of Cleveland? (parking, training, staff support, signing in, etc.) Please add suggestions for improvement or additional comments.

Would you like to return in summer? Yes _____ No _____

Volunteer Signature _____ Date _____