



Sample Volunteer Survey

Thank you for completing this survey. Please return it to... Name or place in the return box located ...detail location BYclosing date

Volunteer Name: (Optional) _____

1. What is your role(s) in the Centre?
2. What specific tasks does this involve?
3. Do others assist you in completing these tasks? [] Yes [] No
4. Approximately how many hours a week does this take up?
5. Are you intending to stay in this role next season? [] Yes [] No
6. Are there any roles or tasks you would be happy to undertake instead? Please detail
7. Do you have someone in mind to take over your role that you would be happy to ask? [] Yes [] No
8. Did you enjoy your role? [] Yes [] No (please detail likes and dislikes below)
9. Do you feel the centre has valued and recognised your contribution well? [] Yes [] No
10. Did you feel well supported? [] Yes [] No
11. Please detail anything that would have made your role more enjoyable: