

Volunteer Post-Survey
Welcome to the Community Care Corps Survey!



You are being asked to complete this survey because you volunteer with an organization funded through Community Care Corps.

The information you provide is extremely valuable. It helps us understand what makes this organization's program helpful to the community.

You are not asked to provide your name or other identifying information. All your responses will be kept confidential. Except for your Participant ID, the state you live in, and the organization you are affiliated with, you can skip any questions you do not feel comfortable answering.

The information you provide will not impact your ability to receive services from or volunteer with this organization.

We know your time is valuable and we appreciate you taking some of it to help us with this project!

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*The following section is **MANDATORY**.*

In order to keep all the information you give us together we need you to create a participant ID. Your ID will be the first two letters of your first name, the first two letters of your last name, and the last two numbers of your birth year.

For example, my name is **Maria Jones** and I was born in **1971**. My ID is **MAJO71**.

Please write your answer(s) here:

First two letters of your FIRST name: _____

First two letters of your LAST name: _____

Last two numbers of your BIRTH year: _____

What state do you currently live in? _____

What organization do you currently volunteer with? Please choose **only one** of the following:

- Agency on Aging of South Central Connecticut (AOASCC)
- Aging Clinic of the Rockies at Colorado State University
- Aroostook Agency on Aging (AAAA)
- Catholic Charities Southwestern Ohio (CCSWO)
- Catholic Community Service, Inc. (CCS)
- CBVFR Auxiliary, Inc.
- Clackamas County Social Services (CCSS)
- DOROT, Inc.
- ElderSource
- Good Shepherd Interfaith Volunteer Caregivers (GSIVC)
- Jewish Family Services of Washtenaw County (JFS)
- Lifespan of Greater Rochester, Inc.
- Lori's Hands, Inc.
- Lutheran Social Service of Minnesota (LSS)
- Lutheran Social Services of North Dakota (LSSND)
- New Mexico Caregivers Coalition (NMCC)
- North Coast Opportunities, Inc. (NCO)
- Retired and Senior Volunteer Program of Rock County (RSVP Rock)
- ShareCare of Leelanau, Inc.
- Shepherd's Centers of America (SCA)
- St. Agnes Hospital Foundation, Inc.
- Villages of the Berkshires (VoB)
- Volunteers of America (VOA), Northern Colorado Services

The following section is **NOT** mandatory, and you can skip any questions you do not feel comfortable answering.

VOLUNTEER – SERVICE DESCRIPTION

What non-medical volunteer services have you been providing for this organization? Please select **all** that apply:

- | | |
|--|---|
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Food preparation |
| <input type="checkbox"/> Companionship/friendly visit/reassurance (e.g., in-person, phone check-ins, face-to-face video calls, emails, etc.) | <input type="checkbox"/> Meal assistance |
| <input type="checkbox"/> Travel companion/chaperone | <input type="checkbox"/> Light yard maintenance |
| <input type="checkbox"/> Non-emergency medical appointment companion/chaperone | <input type="checkbox"/> Minor home modifications |
| <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Grocery shopping |
| <input type="checkbox"/> Patient advocacy | <input type="checkbox"/> Picking up prescriptions/medical equipment |
| <input type="checkbox"/> Safety checks | <input type="checkbox"/> Other errands |
| <input type="checkbox"/> Light chores/help around the home | <input type="checkbox"/> Peer counseling |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Recreational companion/chaperone |
| | <input type="checkbox"/> Stress reduction |
| | <input type="checkbox"/> Unsure |

How many hours per week on average do you provide services through this organization? Please choose only **one** of the following:

- | | |
|---|--|
| <input type="radio"/> Less than 2.5 hours | <input type="radio"/> 11 – 15 hours |
| <input type="radio"/> 2.5 – 5 hours | <input type="radio"/> 16 – 20 hours |
| <input type="radio"/> 6 – 10 hours | <input type="radio"/> More than 20 hours |

Do you intend to continue volunteering with this organization? Please choose only **one** of the following:

- Yes
- No
- Unsure

Would you recommend volunteering with this organization to others? Please choose only **one** of the following:

- Yes
- No
- Unsure

Would you recommend this organization to a friend or family member who could benefit from the services it offers?

Please choose only **one** of the following:

- Yes
- No
- Unsure

What benefits do you personally get from volunteering at this organization? Please choose **all** that apply:

- | | |
|---|---|
| <input type="checkbox"/> Keeps me feeling connected to others | <input type="checkbox"/> Makes me “feel good” |
| <input type="checkbox"/> Is good for my social well-being | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Mental health (e.g., reducing anxiety, depression, stress) | <input type="checkbox"/> Possible connections for career building/resume building |
| <input type="checkbox"/> Keeps me learning/growing | |

How satisfied are you with the volunteer work you do with this organization? Please choose only **one** of the following:

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Completely satisfied

Do you feel the volunteer work you do is valuable and purposeful? Please choose only **one** of the following:

- Yes
- No
- Unsure

Which of the following statements do you agree with? Please choose **all** that apply:

The volunteer services I offer...

- Help clients stay in their home
- Benefit clients' mental health
- Benefit clients' physical health

VOLUNTEER – ORGANIZATION

Does this organization do any of the following to recognize you for being a volunteer? Please choose **all** that apply:

- Events honoring volunteers
- Newsletters and other media that focus on uplifting stories about those who are helped and/or volunteers who provided assistance
- Low-cost gifts such as coffee mugs or water bottles
- Gift cards or coupons for local businesses
- Academic credit in the form of volunteer time counted towards a degree or certificate or class requirements, and/or tuition offsets
- Apparel, such as t-shirts
- A volunteer recognition program
- A monetary stipend
- College credit
- Time-banking against future need for services

This organization provides adequate training for the volunteer work I do with them. Please choose only **one** of the following:

- Strongly agree
- Agree
- Neither agree/disagree
- Disagree
- Strongly disagree

I received training on how to recognize and report suspected abuse, exploitation, or neglect. Please choose only **one** of the following:

- Yes
- No
- Unsure

What resources does this organization offer you to be more effective in your volunteer work? Please choose **all** that apply:

- A shared vehicle
- Access to technology such as a printer or computer
- Equipment for accomplishing tasks, such as rakes to complete yard work, cleaning supplies for house cleaning
- Free meals or snacks
- Pamphlets or other documents to share information
- A community resource guide for sharing with clients
- Mileage reimbursement

Does this organization have enough volunteers to provide all the services that are needed? Please choose only **one** of the following:

- Yes
- No
- Unsure

How are your volunteer services usually scheduled? Please choose only **one** of the following:

- I make my own schedule
- I collaborate with staff on my schedule
- I am assigned a schedule by staff

Does the organization conduct a volunteer satisfaction survey in addition to this one? Please choose only **one** of the following:

- Yes
- No
- Unsure

How open is the organization to suggestions for improving the volunteer experience or the services volunteers provide? Please choose only **one** of the following:

- Extremely open
- Somewhat open
- Neither open nor closed
- Somewhat closed
- Extremely closed

Thank you for completing this survey.