**DEMENTIA AND DELIRIUM CARE**

**HOSPITAL VOLUNTEER PROGRAM**

**Volunteer Feedback Survey**

**Please indicate to what level you agree with the following statements.**

1. I am happy with how the program has been running.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Strongly agree | agree | Neither agree or disagree | Disagree | Strongly disagree |

1. I am happy with the level of responsibility I have as a volunteer in the program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Strongly agree | agree | Neither agree or disagree | Disagree | Strongly disagree |

1. I feel well supported in my role

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Strongly agree | agree | Neither agree or disagree | Disagree | Strongly disagree |

1. Generally, at the end of my shift I feel satisfied

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Strongly agree | agree | Neither agree or disagree | Disagree | Strongly disagree |

1. What is working well with the program?
2. What is not working well with the program? (It is important that we hear about any difficulties you may be experiencing or concerns you have)
3. What suggestions do you have for improving any aspect of the program? (please use back of page if more space is needed).

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**Thank you for taking the time to complete this feedback**