

Senior Immigrant Settlement Services Volunteer Feedback Form

To help us improve our volunteer program services and therefore be more responsive to our volunteers' needs, please take the time to answer these questions.

The information you provide will be kept confidential, to be used only for the purpose of evaluation of our volunteer activities.

Name: Date (D/M/Y):			M/Y):							
Position:										
Servi	ce Location:									
Service Format: Online			in-person							
ACTIV	VITY SUMMARY	:								
Theme	es /Topics:									
Materia	als:									
										
`	•	xt page: Evaluation of Conter	nts)							
GENE	RAL FEEDBAC	K:								
	e circle "Yes", if yo cle "Sometimes" a	ou agree with each of the follow accordingly.	ving statemen	ts, circle " No, " if	you don't agree					
1.	My goals for volu	nteering were met	Yes	Sometimes	No					
2.	My skills and exp	erience were used	Yes	Sometimes	No					
3.	I received suppor	t from my supervisor	Yes	Sometimes	No					
4.	I received suppor	t from program admin staff	Yes	Sometimes	No					
5.	Overall, I am sati	sfied with this volunteer experie	ence Yes	Sometimes	No					
OTHE	RS: (We welcome	e your comments on "Which ar	ea do you thir	nk could be impro	oved")					
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Please return this form to your Manager/Supervisor by fax: 204-946-5667 or Email to siss@aosupportservices.ca Thank you!

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English Conversation Class Curriculum Evaluation of Contents

1.	Which topics or subtopics did you use this term?							
	Please circle Y= Yes, N=No or S= sometimes			_				
2.	Was the material adequately organized?	Y	N	S				
3.	Was the material useful?	Υ	N	S				
4.	Were the discussion questions helpful?	Υ	N	S				
5.	Were the facilitator's notes helpful?	Υ	N	S				
3.	Were the conversation activities helpful?	Υ	N	S				
7.	If you circled ${f N}$ to any of the above, how could this/these aspects be improve							
8.	What other topics would you or the participants would like to include?							