TEXAS DEPARTMENT OF CRIMINAL JUSTICE

VOLUNTEER SERVICES

Volunteer Program Assessment / Suggestion Form

Facility Name: _____ Program Name: _____

Volunteer Name: _____
Last *First* *MI*

Please indicate on the scale below your level of agreement/disagreement with the following statements. A rating of 1 indicates that you disagree with the statement; a rating of 5 indicates that you agree. Space is provided at the bottom of this form for additional comments.

	Disagree				***Agree***
	1	2	3	4	5
1. My volunteer assignment is satisfying and meaningful.	☐	☐	☐	☐	☐
2. My volunteer service is effective.	☐	☐	☐	☐	☐
3. My qualifications are well matched to the task.	☐	☐	☐	☐	☐
4. Training provided adequate preparation and guidelines.	☐	☐	☐	☐	☐
5. Staff is supportive and treats me as a team member.	☐	☐	☐	☐	☐
6. Department/Division staff provide clear guidelines.	☐	☐	☐	☐	☐
7. Department/Division staff are available and helpful to answer questions and provide instruction as needed.	☐	☐	☐	☐	☐
8. The unit/office is prepared for my visits.	☐	☐	☐	☐	☐

Please answer the following questions:

9. How long have you served as a volunteer? _____ years _____ months

10. How frequently do you report as a volunteer?
☐ weekly ☐ monthly ☐ other (specify) _____

11. On average, how many hours do you spend on each volunteer visit? _____

12. What have you enjoyed ***least*** about your volunteer assignment? _____

13. What have you enjoyed ***most*** about your volunteer assignment? _____

14. What changes would help improve your assignment? _____

15. What other volunteer assignments would be of interest to you? _____

Additional Comments: _____

_____ Chaplaincy, _____
Volunteer's Signature Volunteer Program Area Date (mm/dd/yyyy)

If printed, please mail to:
Volunteer Services
P.O. Box 99
Huntsville, TX 77342-0099