

Volunteer Feedback Form- YYYY/YYY

Volunteer Information

Volunteer Name (First L.): _____ Length of time at HH: _____

Questions for You!

Question: CENTER NAME plans on offering Educational events during the upcoming Program year. What topics would you like to learn about?

Answer: _____

Question: Do you have any suggestions for CENTER NAME during this coming year?

Answer: _____

Question: What is the main reason you continue volunteer at CENTER NAME?

Answer: _____

Testimonial

Please briefly share how CENTER NAME has impacted you as a Volunteer:

Often times CENTER NAME is asked to give testimonials from our Volunteers to support grant applications, inform private donors, etc. so they can see where the money is going and who is impacted by our Programs. Also, we as staff also love to hear how the programs have impacted our Volunteers

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Continue on back if needed →

Can we share this with donors, on our website, social media, etc? YES NO

Can we include a photo of you in action as a Volunteer? YES NO

Can we use your FIRST NAME (no last name will ever be shared). If NO, we will sub in a they, he, she, etc.

YES, use their FIRST Name NO, sub in a word