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| **Community Volunteer Questionnaire** |

**Definition:** the questionnaire is an anonymous survey to gather inputs from current volunteers.

**Purpose of the Tool:** to learn about volunteers’ sense of recognition, support and role in the community and the CP organization.

**When to use this Tool:** the questionnaire tool is for organizations who have been engaging volunteers for several months to reflect on what is going well, and what needs to be improved.

**Guidance**: it is essential that questionnaires are kept confidential in order that volunteers feel safe to be honest in their responses. It might be appropriate to ask a colleague from the M&E team to analyze the data, as a neutral staff member. This tool should only be used if volunteers are literate, and should be translated into a language that they feel confident reading. When completing the questionnaire, volunteers should be informed of the purpose of gathering their feedback, and that the CP manager will be offered a summary of the findings in order to work on addressing issues that are raised.

Community Volunteer – Questionnaire

Please mark an “x” in the column correlates to your ranking of each question

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree (1)** | **Disagree (2)** | **Agree (3)** | **Strongly Agree (4)** |
| 1. My role and responsibilities as a volunteer are clear to me |  |  |  |  |
| 1. I have the needed materials and proper identification to be successful in my role |  |  |  |  |
| 1. I feel that I have the knowledge and skills to be successful in my role |  |  |  |  |
| 1. The training I have received has helped me to be successful in my role |  |  |  |  |
| 1. I have had opportunities to learn from shadowing caseworkers/ senior volunteers |  |  |  |  |
| 1. My community understands and appreciates my role |  |  |  |  |
| 1. My community recognizes me as a person who helps children and families |  |  |  |  |
| 1. I feel that I am appreciated by staff members as a part of the CP case management team |  |  |  |  |
| 1. My supervisor has sufficient skills to support me as a community volunteer |  |  |  |  |
| 1. I trust my supervisor and feel supported by him/her |  |  |  |  |
| 1. My supervisor recognizes my skills and efforts |  |  |  |  |
| 1. My supervisor supports me to develop in areas that I need to improve |  |  |  |  |
| 1. My supervisor helps me to reflect and learn from my day to day work as a volunteer |  |  |  |  |
| 1. If I have a problem, I feel comfortable asking my supervisor for guidance |  |  |  |  |
| 1. If I feel unsafe or threatened in my role, I have the support of the CP organization to manage the situation |  |  |  |  |
| 1. I feel that my wellbeing and self-care is encouraged by the CP organization |  |  |  |  |
| 1. Please share other feedback or concerns that you would like to share: | | | | |