

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Aging and Adult Services
 Arizona Long Term Care Ombudsman Volunteer Program

EXIT INTERVIEW QUESTIONNAIRE

The Ombudsman Program continually strives to improve the performance of our volunteer system. As one of our volunteers, we would appreciate your help in identifying areas in which we can improve and feedback on what *is* working. Please be as complete and honest as possible. All of the information collected will be kept strictly confidential.

Name: _____ Date: _____

1. Approximately how long did you volunteer with us? _____

2. Reason you are leaving:

Commitment period is complete Medical/Health issues Personal

OR

Did not enjoy the volunteer experience Did not feel well utilized

Other time commitments Needed a change

Did not feel welcome (*By whom?*) _____

Other: _____

3. What did you like best about volunteering with us?

4. What did you like least?

5. What suggestions would you make for changes or improvements in our volunteer efforts?

6. Overall, how would you rate your experience in volunteering with us.

Poor		Average		Good
1	2	3	4	5

7. Would you recommend becoming an Ombudsman volunteer to others? Yes No

Comments:

Thank you for volunteering with us!

Your honesty when completing this questionnaire will help us in the future to assist our clients and our community.

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