**CMC VOLUNTEER EXIT REVIEW FORM VOL-21-FRM** REV 10/26/2020

**NAME: (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SERVICE AREA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Why have you decided to no longer volunteer with our volunteer program?**  [ ] I am not interested in the type of assignments available. [ ] Staff was nice to me but I did not feel I had enough to do. [ ] I did not feel like I was needed and felt like I was in the way. [ ] I did not like the way I was treated by the staff in which I was volunteering. [ ] I did not like the way I was treated by the staff in the volunteer office. [ ] I had too may time conflicts. [ ] I have an illness/injury that prevents me from volunteering. [ ] Other |
| If Other, please explain: |
| **How long did you volunteer?**  [ ] < 1 year [ ] 1-5 years [ ] 5-10 years [ ] > than 10 years |
| **Did you like your placement?**  [ ] YES [ ] NO  **Did you feel part of the team in the department where you volunteered?**  [ ] ALWAYS [ ] USUALLY [ ] SOMETIMES [ ] NEVER  **Do you feel you contributed to a positive customer / patient experience?**  [ ] ALWAYS [ ] USUALLY [ ] SOMETIMES [ ] NEVER  **Do you feel the Volunteer Office did all they could to make the volunteer process a good**  **one for you?**  [ ] YES [ ] NO  **Do you feel the Volunteer Office practiced open and effective communication?**  [ ] YES [ ] NO  **Would you consider volunteering with us in the future?**  [ ] YES [ ] NO  **Would you recommend volunteering with Conway Medical to others?**  [ ] YES [ ] NO  **Is there anything you would like us to know?** |