

Belle Plaine Food Shelf Volunteer Satisfaction Survey

Please help us improve the volunteer experience by completing this survey. Your answers will be anonymous unless you would like us to contact you to discuss anything you have written. Rest assured – even if you leave your name it will not be linked to any comments in the survey.

1. How long have you been volunteering for Belle Plaine Food Shelf

Under 3 months 3-12 months 1-5 years over 5 years

2. What did you hope to gain from volunteering when you first started?

Meet new people

Gain new skills

Use/develop my existing skills

Get accreditation/a qualification

Feel I was making a contribution to the community

Other (please describe) _____

3. To what extent have your expectations been met?

Fully met Partly met Not met at all

Please comment on your answer _____

4. How useful have the following been in helping you carry out your role

Supervision arrangements

Very helpful helpful neither helpful or unhelpful unhelpful

Initial training

Very helpful helpful neither helpful or unhelpful unhelpful

Support from staff generally

Very helpful helpful neither helpful or unhelpful unhelpful

Support from other volunteers

Very helpful helpful neither helpful or unhelpful unhelpful

Please comment about any of your answers

5. Do you have an interest in increased responsibility at the food shelf?

Yes No Maybe

If Yes or Maybe, which roles might you be interested in? Please check all that apply: Board Members, Volunteer Supervisor, Food Rescue Pick-up, Food Rescue Program management, statistics reporting, shopping (for items at the

food banks), Operations, Leading the Food Shelf, Paid Staff, Website,
Video Other_____

6. Are you interested in using any of your professional skills to help support the food shelf? If so, what are those skills? Please check all that apply. Accounting, Marketing/Communications, Volunteer Management, Supervising Volunteers, Board Member, Fundraising, Attorney, Liability/Risk Assessment, Developing Policies, Equity/Inclusivity, Health/Nutrition, Waste Management/Organics/Recycling, Community Outreach, Client Outreach, Other_____

7. Would you recommend volunteering here to family and friends?

Yes No

Comments

8. Please share any other feedback you'd like us to know_____

Thank you.

Please return this survey to..... before.... (insert date)

If you would like someone to contact you to discuss anything that you have written please leave your name_____