VOLUNTEER EXIT INFORMATION
Please ask volunteer/intern to complete form and return to Volunteer Services

NAME:_________________________________ VOLUNTEER START DATE:________ VOLUNTEER END DATE:_________

DEPARTMENT VOLUNTEERING FOR : ________________________________________________________________

1. What specific volunteer/intern services did you perform at the YWCA?
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

2. What is the main reason you will no longer be volunteering in the department?
__________________________________________________________________________________________________________

3. What did you like most about your experience?
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

4. What did you like least about your experience?
__________________________________________________________________________________________________________

5. Would you be willing to volunteer again for: ( ) the YWCA ( ) the department assigned to

6. Would you recommend volunteer service to a friend? ( ) Yes ( ) No

7. Did you take advantage of membership services offered by the YWCA? ( )Yes ( )No. If yes, which services did you use?
__________________________________________________________________________________________________________

8. How would you rate each of the following:

   a. recognition/appreciation of your work? Excellent Very Good Satisfactory Below Average Poor
   b. cooperation and teamwork?
   c. resolving complaints and problems?
   d. communication within department?
   e. information to do your volunteer assignments?
   f. opportunities to suggest changes/improvements?
   g. listening to your ideas?
   h. volunteer duties accurately described when placed?
   i. supervisor of department’s communication/people skills?
   j. volunteering work environment conditions?
   k. informed of relevant procedures/policies?
   l. feeling that your volunteer service was rewarding?
   m. feedback from supervisor of department assigned to?

   Additional

9. Comments: _____________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________