

MAYOR'S TASK FORCE ON HOMELESSNESS

**2006
S.O.S Volunteer Survey**

Evaluation Committee

A sub-committee of Mayor's Task Force on Homelessness

S.O.S Volunteer Survey

The S.O.S. and Committee would like to thank you for taking time out of your schedules and giving to others by volunteering at the SOS. The impact that you had on others less fortunate is far reaching.

This survey is intended to assist the Evaluation Committee of the Mayor's Task Force on Homelessness to better serve volunteers, providers, and those seeking assistance through the S.O.S. This survey is one element in an ongoing effort to improve the quality of services.

We look to you for guidance in helping us develop systems that best enable you to achieve a rewarding volunteer experience while delivering quality support to clients. To help gain a better understanding of the volunteer perspective, the S.O.S. Committee is seeking your input in preparation for re-opening the shelter this coming season.

Aggregate results of this survey will be shared with pertinent members of the Mayor's Task Force on Homelessness, providers and volunteers. The Evaluation Committee will not use information disclosed in this survey to judge the effectiveness of any volunteer or partner agency. This survey is only intended to provide a voice for you as planning occurs. Aggregate results will be available for examination upon request.

Would you please take the time to complete and return the following survey? You may mail, drop off in person or fax the completed survey to:

S.O.S. Survey Coordinator
Springfield Community Federation
501 South 13th Street
Springfield, IL 62703

Fax: 557-0060

Questions: Ask for Charlene
557-0052

Electronic copies available upon request:

Charlene.Edmiston@Illinois.gov

S.O.S. VOLUNTEER SURVEY

OPTIONAL INFORMATION:

Name: _____ Phone: _____

Number of times you volunteered _____

If affiliated with an organization, what one? _____

1. In your opinion, were the hours of operation sufficient to meet the needs of clients?

Yes No Please explain.

2. Do you feel that the check-in procedure was efficient and timely?

Yes No Please explain.

3. Were your duties and responsibilities clearly explained to you, during your orientation and/or during your volunteer hours?

Yes No Please explain.

4. At any point did you feel that you did not have enough to do?

Yes No Please explain.

5. At any point did you feel that you were being asked to do too much?

Yes No Please explain.

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5. For the most part, were volunteer shifts staffed appropriately?
Yes No Please explain.

6. For the most part, were other volunteers or staff helpful & pleasant to work with?
Yes No Please explain.

7. Did you have concerns regarding your safety from other volunteers?
Yes No Please explain.

8. Did you have concerns regarding your safety from clients?
Yes No Please explain.

7. What experiences with S.O.S. did you find difficult and / or dissatisfying?
Yes No Please explain.

8. What experiences with S.O.S. did you find rewarding and / or satisfying?
Yes No Please explain.

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9. Upon reflection of your volunteer hours, is there anything that you would suggest that would assist the S.O.S. to be more effective or fill gaps in services?
Yes No Please explain.

10. As the S.O.S. Committee considers a new location for 2007, what suggestions can you offer regarding a new facility to better serve clients and volunteers?