

Please Contact: Sharon Fisher
Phone: (720) 458-6174
Fax: (720) 458-6206
sfisher@doctorscare.org



Volunteer Exit Overview

Your opinion is important to us.

Name _____

Address _____

City/Zip _____

Length of Service: Beginning _____ Ending _____

1.	Please explain your reason(s) for leaving Doctors Care.
2.	What suggestions for improvement do you have for us?
3.	What accomplishments are you most proud of?
4.	What professional skills were you able to utilize or gain?
5.	What are the positive aspects of volunteering at Doctors Care?

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In this section, please rate the following statements:		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
6.	I believe that I was treated like a valuable member of Doctors Care.				
7.	My immediate supervisor let me know when I was doing a good job.				
8.	I felt free to suggest to my supervisor changes that would improve my department.				
9.	My job duties and responsibilities were clearly defined.				
10.	I received the proper training in order to perform my job effectively.				
11.	If I had questions or concerns, I felt comfortable speaking with:				
12.	I was kept informed about Doctors Care, its policies and procedures, and other important information.				
(CONFIDENTIAL) Rate the following:		Excellent	Good	Fair	Poor
Your experience as a volunteer					
Quality of Supervision					
Relationships with others in departments					
Quality of On-the-Job training					
Support from the Volunteer Coordinator (Newsletter, calls, cards/ letters, etc.)					
Recognition from the department					
Would you recommend Doctors Care to your friends as a good place to volunteer? Yes or No					

Additional comments and suggestions are encouraged. Use the space provided below for any additional comments.