



# Entry Program for Older Adult Immigrants English Conversation Circle

## Volunteer Feedback Form

To help us improve our volunteer program services and therefore be more responsive to our volunteers' needs, please take the time to answer these questions.

The information you provide will be kept confidential, to be used only for the purpose of evaluation of our volunteer activities.

**Name:** \_\_\_\_\_ **Date (D/M/Y):** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Service Location:** \_\_\_\_\_

### ACTIVITY SUMMARY:

Themes /Topics: \_\_\_\_\_

Materials: \_\_\_\_\_

Comments: \_\_\_\_\_

(You may refer to the next page: **Evaluation of Contents**)

### GENERAL FEEDBACK:

Please circle "**Yes**", if you agree with each of the following statements, circle "**No**," if you don't agree or, circle "**Sometimes**" accordingly.

- |   |     |           |    |
|---|-----|-----------|----|
| 1. My goals for volunteering were met                     | Yes | Sometimes | No |
| 2. My skills and experience were used                     | Yes | Sometimes | No |
| 3. I received support from my supervisor                  | Yes | Sometimes | No |
| 4. I received support from program admin staff            | Yes | Sometimes | No |
| 5. Overall, I am satisfied with this volunteer experience | Yes | Sometimes | No |

**OTHER:** (We welcome your comments on "Which area do you think could be improved")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Feedback Form

Please return this form to your Manager/Supervisor by fax: 204-946-5667 or  
Email to [entry@aosupportservices.ca](mailto:entry@aosupportservices.ca) **Thank you!**



### English Conversation Circle Toolkit Evaluation of Contents

1. Which topics or subtopics did you use this term?

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Please circle Y= Yes, N=No or S= sometimes:

- |  |          |          |          |
|--|----------|----------|----------|
| 2. Was the material adequately organized?    | <b>Y</b> | <b>N</b> | <b>S</b> |
| 3. Was the material useful?                  | <b>Y</b> | <b>N</b> | <b>S</b> |
| 4. Were the discussion questions helpful?    | <b>Y</b> | <b>N</b> | <b>S</b> |
| 5. Were the facilitator's notes helpful?     | <b>Y</b> | <b>N</b> | <b>S</b> |
| 6. Were the conversation activities helpful? | <b>Y</b> | <b>N</b> | <b>S</b> |
7. If you circled **N** to any of the above, how could this/these aspects be improved?

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8. What other topics would you or the participants would like included?

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