

MedicAid+ Survey Questions (Volunteers)

Dear participants, we are conducting a survey for our project. Please spare 10-20 minutes from your busy schedule to fill up the following survey questionnaire. All the information collected from here will be kept anonymous and used strictly for research purposes.

*** Required**

1. I understand my rights as a research subject, and that the results of this study may be used for academic purposes, but respondents record or identity will not be revealed by law. I voluntarily consent to participate in this study. *

Mark only one oval.

☐ I agree

☐ I disagree

MedicAid+

Part 1: Basic Information

2. Name *

3. Gender *

Mark only one oval.☐ Female☐ Male☐ Other: _____

4. Age *

Mark only one oval.☐ Below 18☐ 18-24☐ 25-35☐ above 35

5. Occupation *

Part 3

General Question

6. What motivated you to participate in our website's volunteer work? *

7. Have you ever volunteered? *

Mark only one oval.

☐ Yes

☐ No

8. What is your preferred method of registering for volunteer work? *

9. What approach would you prefer to use to log in to the website? *

Mark only one oval.

☐ Through Google

☐ Through E-mail

10. Do you wish to learn more about the qualifications for volunteering? *

Mark only one oval.

☐ Yes

☐ No

11. How many hours do you volunteer in a typical month? *

12. What is your probability of continuing to volunteer?

13. Would you recommend a friend or colleague about us?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

14. Would you consider writing a review? *

Mark only one oval.

- ☐ Yes
- ☐ No

15. What are your expectations of us? *

Thank You!

We appreciate your time and effort

Google Forms