

Volunteer Self Assessment Questionnaire



Thank you for taking the time to complete this important survey.

This survey will help us to understand and learn from practice in order to improve future MRC operations. Your responses are completely confidential and cannot be linked back to you.

Questionnaire Code = _____ (paper questionnaires should be numbered)

1. What is your current occupational status? If you are retired, please check the occupation you had before retiring AND the retired answer option as well

- | | |
|--|---|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired (also check your occupation before retiring) |
| <input type="checkbox"/> Healthcare worker/professional
(<input type="checkbox"/> Physician; <input type="checkbox"/> Nurse; <input type="checkbox"/> Other) | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Public Health Professional | |
| <input type="checkbox"/> Administrative/office business | |

2. What is your age category?

- ☐ <20
☐ 20-30
☐ 31-40
☐ 41-50
☐ 51-60
☐ >60

3. What is your gender?

☐ Female

☐ Male

ICS Awareness

4. Referring to today's experience, tell us how much you agree or disagree with the following statements:

My role and responsibilities were clear to me.	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I was fully aware of the proper chain of command established for this event.	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I was aware of whom to go to if I had a question or concern.	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I had the opportunity to identify limits to my skills and report them to my supervisor.	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I knew whom to ask or where to find specific supplies/material.	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I was aware where functions of the clinic, other than those under my responsibility, were performed.	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>

Confidence in own role and as part of a team

5. Overall how would you rate your level of confidence in performing the work you were assigned to do?

- ☐ Very Confident
☐ Somewhat Confident
☐ Not Very Confident
☐ Not Confident at all

6. Please evaluate the following statements:

How comfortable did you feel in working with the other volunteers and health department staff?	<i>Very comfortable</i>	<i>Somewhat comfortable</i>	<i>Not very comfortable</i>	<i>Not comfortable at all</i>
How much did you feel a part of a team?	<i>A lot</i>	<i>Somewhat</i>	<i>A little</i>	<i>Not at all</i>

7. After receiving your assignment and training, how long did it take you to feel comfortable in your job or role?

- ☐ Immediately
☐ After few minutes
☐ In less than an hour
☐ In more than an hour
☐ I never felt comfortable

Confidence in Interacting with Clients/Patients

8. How confident did you feel in performing the following tasks?

Responding to patients' questions	<i>Very Confident</i>	<i>Somewhat confident</i>	<i>Not very confident</i>	<i>Not confident at all</i>	<i>Not applicable because did not pertain to my functions</i>
Recognizing patients with special needs/issues	<i>Very Confident</i>	<i>Somewhat confident</i>	<i>Not very confident</i>	<i>Not confident at all</i>	<i>Not applicable because did not pertain to my functions</i>
Finding responses and solutions for patients with special needs/issues	<i>Very Confident</i>	<i>Somewhat confident</i>	<i>Not very confident</i>	<i>Not confident at all</i>	<i>Not applicable because did not pertain to my functions</i>

Level of Motivation

9. Please rate how important each of the following aspects is for YOUR engagement as a volunteer, using a scale ranging from 1 (not important) to 5 (very important)

	<i>Not Important</i>				<i>Very Important</i>
Motivation – Personal / Professional Development					
Volunteering is good for my professional development	1	2	3	4	5
Volunteering gives me the opportunity to make new friends	1	2	3	4	5
Volunteering helps me through my personal emotional development	1	2	3	4	5
Motivation – Community Service					
I feel it is important to help others	1	2	3	4	5
By volunteering, I feel more connected to others and to my community	1	2	3	4	5
Volunteering makes me feel good	1	2	3	4	5
I believe my skills can be useful to the community	1	2	3	4	5

Personal Preparedness

10. Was it difficult to arrange your schedule to volunteer today?

☐ Yes, ☐ Somewhat, ☐ No

11. If yes, which of the following issues made it difficult?

- ☐ Lack of transportation
☐ Lack of childcare or eldercare
☐ Lack of time due to prior commitments
☐ Lack of time off from work
☐ Other reasons (please specify): _____

Perception of Severity and Participation

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
H1N1 (swine) flu is likely to have severe public health consequences in my MRC coverage area.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
If I perform my MRC duties successfully, it will make a big difference in the success of the response to the current H1N1 (swine) flu situation in my MRC coverage area.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

12. Was your participation in this event a worthwhile experience?

☐ Yes

☐ No

13. Have you participated in other MRC activities in the past 6 months?

☐ Yes

☐ No

If Yes, please specify which _____

Training

14. How useful was the training that you received as a MRC volunteer to prepare you to perform the work you were asked to do today?

☐ Very useful

☐ Not useful

☐ Useful

☐ Had not received training

☐ Somewhat useful

If the training was NOT useful please explain why (check all that apply):

☐ Given my background and experience I was able to perform the functions I was asked to do without being trained.

☐ The training received was too difficult and hard to remember.

☐ The training received was too generic and not practice oriented.

☐ The training I received was based on topics/issues not related to the functions I had to perform.

15. Given the range of activities to be performed and the availability of staff, do you think you were assigned to appropriate functions with respect to your background and experience?

☐ Yes

☐ No

If not, do you think there could have been a more appropriate role for you?

☐ Yes (please specify below)

☐ No

14. Do you have any other comments?

Thank you for completing this survey!