

Barriers to Volunteering Questionnaire



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

It should take you only about 5 minutes to answer all of the questions. Confidentiality is guaranteed; we are interested in aggregate results rather than individual responses.

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.

- ☐ Unemployed
 - ☐ Healthcare worker/professional
(☐ Physician; ☐ Nurse; ☐ Other)
 - ☐ Public Health Professional
 - ☐ Administrative/office business
 - ☐ Retired (also check your occupation before retiring)
 - ☐ Other (please specify)
-

2. What is your age category?

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

3. What is your gender?

- ☐ Female
☐ Male

4. Were you contacted and asked by the (Institution) to volunteer at the (Place/Date) Flu Clinic?

- ☐ Yes
☐ No

Ability to Volunteer

5. Were you able to volunteer?

- ☐ Yes (If your response is 'yes', thank you for completing this survey! You have now reached the end of the questionnaire.)
☐ No

Reasons for Not Being Able to Volunteer

Referring to your inability to volunteer please respond to the following questions:

1. Did any of the following reasons prevent you from volunteering?

- ☐ I was scheduled to work
☐ Lack of childcare or eldercare
☐ Lack of time because of prior commitments
☐ Health problems (including a doctor appointment)
☐ Lack of transportation
☐ Other professional or personal obligations (please specify): _____

2. Did financial difficulties prevent you from volunteering?

- ☐ No
☐ Yes (please specify): _____

3. Did concerns about your safety prevent you from volunteering?

- ☐ No
☐ Yes, I was afraid of getting sick
☐ Yes, I did not feel comfortable in going to a neighborhood I am not familiar with.

**4. Would the availability of any of the following services enable you to respond?
(Select all that apply.)**

- ☐ Childcare
☐ Eldercare
☐ Transportation
☐ Additional information on the incident or response process
☐ Other (please specify)

Reasons for Not Being Able to Volunteer:

Skills and Motivation

1. Did you feel your skills were inadequate?

- ☐ No
☐ Yes, I felt my skills were inadequate (please specify what skills you think you would have needed):

2. Were you able to attend the training sessions provided? If not specify the PRIMARY reason that prevented you from attending the training (check only one):

- ☐ Yes, I attended most of the training sessions provided
☐ No, I could not attend because of lack of childcare
☐ No, I could not attend because of lack of eldercare
☐ No, I could not attend because of lack of transportation
☐ Other (please specify): _____

3. Did you feel that the training provided was not adequate?

- ☐ No, it was adequate
☐ Yes (please explain below why)

4. Did lack of information prevent you from volunteering?

- ☐ No, I had all the information needed
☐ Yes, I did not have enough notice in order to make plans
☐ Yes, I did not know where to go and when
☐ Yes, I was not sure about my role at the event
☐ If you needed other type of information please specify below what type:
-

5. Please rate how important each of the following aspects is for YOUR engagement as a volunteer, use 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 Engagement and Responsibility					
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

Severity and Response Efficacy

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
H1N1 (swine) flu is likely to have severe public health consequences in my MRC coverage area.	1	2	3	4	5
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.	1	2	3	4	5

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

☐ Yes

☐ No

If Yes, please specify which _____

Do you have any other comments?

Thank you for taking the time to complete this survey!