

VOLUNTEER FEEDBACK- FORM 2

Instructions: This form should be completed be completed by a staff with the volunteer in a face-to-face meeting 15 days after arrival.

Areas of Feedback	Yes	No	Comments
Accommodation			
1. Is your room comfortable?			
2. Do you have the basic necessities?			
3. Is your bathroom working properly?			
4. Are you happy with the food?			
5. Are you getting enough food?			
6. Are you provided with suitable water?			
7. Are you satisfied with your accommodation?			
8. Tell us about your experience so far at your accommodation			
Programme/Project			
9. Are you working the required 5 hours?			
10. Are getting enough to do?			
11. Do you have enough resources to carry out your work?			
12. What tasks have you been doing so far?			
13. Are your tasks meeting your expectations?			

Yes	No	Comments
	Yes	Yes No

Areas of Feedback	Yes	No	Comments
Name of Volunteer			
Signature of Volunteer			
Name of Staff			
Signature of Staff			
Date			