

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
VOLUNTEER SERVICES  
Volunteer Program Assessment / Suggestion Form**

Facility Name: _____	Program Name: _____	
Volunteer Name: _____		
<i>Last</i>	<i>First</i>	<i>MI</i>
Please indicate on the scale below your level of agreement/disagreement with the following statements. A rating of 1 indicates that you disagree with the statement; a rating of 5 indicates that you agree. Space is provided at the bottom of this form for additional comments.		
	<i>Disagree</i>	<i>Agree</i>
	1   2   3	4   5
1. My volunteer assignment is satisfying and meaningful.	<input type="checkbox"/>	<input type="checkbox"/>
2. My volunteer service is effective.	<input type="checkbox"/>	<input type="checkbox"/>
3. My qualifications are well matched to the task.	<input type="checkbox"/>	<input type="checkbox"/>
4. Training provided adequate preparation and guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff is supportive and treats me as a team member.	<input type="checkbox"/>	<input type="checkbox"/>
6. Department/Division staff provide clear guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
7. Department/Division staff are available and helpful to answer questions and provide instruction as needed.	<input type="checkbox"/>	<input type="checkbox"/>
8. The unit/office is prepared for my visits.	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Please answer the following questions:</i></b>		
9. How long have you served as a volunteer?	_____ years	_____ months
10. How frequently do you report as a volunteer? <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other (specify)	_____	
11. On average, how many hours do you spend on each volunteer visit?	_____	
12. What have you enjoyed <i>least</i> about your volunteer assignment?	_____	
13. What have you enjoyed <i>most</i> about your volunteer assignment?	_____	
14. What changes would help improve your assignment?	_____	
15. What other volunteer assignments would be of interest to you?	_____	
<b><i>Additional Comments:</i></b>		

	Chaplaincy,	
Volunteer's Signature	Volunteer Program Area	Date (mm/dd/yyyy)

**If printed, please mail to:  
Volunteer Services  
P.O. Box 99  
Huntsville, TX 77342-0099**