



Site: _____

Volunteer Survey

These survey forms will be electronically scanned. Please use pencil or blue/black ink and fill in each bubble completely.

1) What type of organization, if any, are you representing at College Goal Sunday?

- High School
- College or University
- Civic Group
- State or Federal Agency
- College Access Program
- Private Business

2) What was your primary role at College Goal Sunday? (Please mark only one)

- Presentation Speaker
- Individual FAFSA Counselor
- Quick Question Helper
- Registration/Greeter
- Support Staff (directions, computer support, childcare, refreshments, photographs, etc.)

3) Were you given adequate information and training prior to the event?

- Yes
- No
- A little, but not all I needed

4) Do you plan to volunteer for CGS again?

- Yes
- No
- Not sure

5) Please mark the answer that best describes your opinion about each aspect of CGS.

- | <u>Effectiveness of Your Participation</u> | <u>Ease of the Volunteer Process</u> | <u>Organization of the CGS Site</u> | <u>Number of Volunteers</u> |
|--|--|--------------------------------------|---|
| <input type="radio"/> Helpful and necessary | <input type="radio"/> Clear and simple | <input type="radio"/> Very organized | <input type="radio"/> About right |
| <input type="radio"/> Somewhat helpful but not necessary | <input type="radio"/> Manageable | <input type="radio"/> Functional | <input type="radio"/> Adequate |
| <input type="radio"/> Not helpful | <input type="radio"/> Too complicated | <input type="radio"/> Disorganized | <input type="radio"/> Too many or too few |

6) Please use the space below to elaborate on your ratings of effectiveness and organization. Any suggestions for improvement you provide will be much appreciated!

THANK YOU FOR YOUR PARTICIPATION