

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>

Level of Training

5. 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?

- | | |
|---|---|
| <input type="checkbox"/> Very useful
<input type="checkbox"/> Useful
<input type="checkbox"/> Somewhat useful | <input type="checkbox"/> Not useful
<input type="checkbox"/> Had not received training |
|---|---|

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

- | | |
|---|--|
| <input type="checkbox"/> Given my background and experience I was able to perform the functions I was asked to do without being trained.
<input type="checkbox"/> The training received was too generic and not practice oriented. | <input type="checkbox"/> The training received was too difficult and hard to remember.
<input type="checkbox"/> The training I received was based on topics/issues not related to the functions I had to perform. |
|---|--|

6. 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

Team Work

7. 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 well do you know the people who came to work as volunteers and/or health department staff?	<i>Very well</i>	<i>Well</i>	<i>Partially</i>	<i>Not at all</i>
How long did it take you to get to know the names and clinic roles of your teammates?	<i>I knew them immediately</i>	<i>Soon after the event started</i>	<i>Near the end of the event</i>	<i>This never happened</i>
Problem and solutions were worked out as a team.– the immediate group of volunteers and health department staff you worked with during the event	<i>All of the time</i>	<i>Usually</i>	<i>Mostly</i>	<i>None of the time</i>
Since you joined the MRC, how often have you worked or had training with your teammates from today’s clinic?	<i>Many times</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</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>
It was fun and satisfying to be a member of a team	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>

Confidence in Interacting with Clients/Patients

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

- | | |
|---|---|
| <input type="checkbox"/> Immediately | <input type="checkbox"/> In more than an hour |
| <input type="checkbox"/> After few minutes | <input type="checkbox"/> I never felt comfortable |
| <input type="checkbox"/> In less than an hour | |

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

Asking patients questions while maintaining their privacy	<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>
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>

10. 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

Personal Preparedness

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

- Yes
- Somewhat
- No

12. 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): _____

Level of Motivation

13. 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	<i>1</i>	2	3	4	5
Volunteering gives me the opportunity to make new friends	<i>1</i>	2	3	4	5
Volunteering helps me through my personal emotional development	<i>1</i>	2	3	4	5
Motivation – Community Engagement and Responsibility					
I feel it is important to help others	<i>1</i>	2	3	4	5
By volunteering, I feel more connected to others and to my community	<i>1</i>	2	3	4	5
Volunteering makes me feel good	<i>1</i>	2	3	4	5
I believe my skills can be useful to the community	<i>1</i>	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.	<i>1</i>	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.	<i>1</i>	2	3	4	5

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

Yes

No

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

Yes

No

If Yes, please specify which _____

16. Do you have any other comments?

Thank you for taking the time to complete this survey!