

## Volunteer Orientation Evaluation

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Date: \_\_\_\_\_

Print Name (Optional): \_\_\_\_\_

*Your feedback is very important to us and will help us to improve future processes. For the first three questions, please circle the one response that best represents your opinion. Thank you.*

1. What is your overall impression of the online orientation?

POOR                  GOOD                  EXCELLENT

2. Did you understand the material that was given to you?

YES                  NO                  UNSURE

3. Was the online process easy to follow?

YES                  NO                  UNSURE

4. What did you like most about the online orientation?

5. What could we do next time to improve the process?

6. Please feel free to add further comments, suggestions, etc.