

Volunteer Feedback Form

This **volunteer feedback form** sample is designed specifically for hospitals to collect detailed insights on volunteer experiences. It helps healthcare organizations improve engagement and ensure meaningful contributions. The form covers various aspects such as roles, challenges, and overall satisfaction.

Personal Information

Name:

Department/Unit Volunteered In:

Duration of Volunteering (Months/Years):

Role and Experience

Please describe your volunteer role(s):

Were you satisfied with the training/orientation provided?

How clear were your tasks and responsibilities?

How would you rate the supervision and support you received?

Feedback and Suggestions

What challenges did you face during your volunteering experience?

What improvements can be made to enhance volunteer experience?

Overall, how satisfied are you with your volunteering at the hospital?

Additional Comments

Feel free to share any other comments or experiences:

Submit Feedback