

VOLUNTEER REACTION/EXIT INTERVIEW FORM

Name _____ Date _____

Activity _____

Date Began _____

1. Do you feel that your work was challenging? Why or why not?
2. What duties did you enjoy the most?
3. What additional training would have helped you in your position?
4. What other duties would you have liked to try?
5. Do you feel your abilities and skills were utilized well? Why or why not?
6. What have you gained from your experience in working at your position?
7. In what way could the organization have been more helpful in achieving your goals as a volunteer?

Additional Comments: