



## Volunteer Survey

### Have your say

We are committed to making volunteering with us an enjoyable and fulfilling experience. We love to hear positive comments about your volunteering, but we also need to hear if we can make things better.

To help us find out more, please take a few minutes to answer some questions. Your feedback will remain anonymous unless you would like us to contact you to discuss anything you have written.

We will use the information to find out what needs to be improved. We will also make a report of our findings available to read afterwards.

1. Where did you hear about our volunteering opportunities?

- |                                  |  |   |   |   |
|----------------------------------|--|---|---|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Youth Website | <input type="checkbox"/> Doit                     | <input type="checkbox"/> Charityjob           | <input type="checkbox"/> University website   |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Facebook      | <input type="checkbox"/> Through a friend/contact | <input type="checkbox"/> Through our services | <input type="checkbox"/> Other (please state) |

2. Which of the following triggered your interest in volunteering with OCD Action?

(Please tick as many as you like).

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Advert or call out      | <input type="checkbox"/> Role description                     | <input type="checkbox"/> Training             | <input type="checkbox"/> Information from staff |
| <input type="checkbox"/> Meeting staff in person | <input type="checkbox"/> Being supported through our services | <input type="checkbox"/> Other (please state) |   |

3. When you started volunteering with us what did you hope to gain? (Please circle as many as you like).

- |                                |                             |                  |   |
|--------------------------------|-----------------------------|------------------|---|
| Support people affected by OCD | Share my experiences of OCD | Help my recovery | Meet new people / other people with OCD |
| Learn/use/develop my skills    | Get some work experience    | Make friends     |   |

Other (please tell us more)

4. To what extent does your volunteering meet your expectations?

- Fully                       Partly                       Not met at all

Please tell us more

5. Which area of volunteering are you involved in?

- Helpline                       Advocacy                       Administration                       Youth  
 Support Groups                       Media                       Awareness                       Fundraising  
 Events                       Other (please state)

6. Did you receive training as part of your role?

- Yes     No

7. If you answered yes how useful were the training sessions?

<input type="checkbox"/> Extremely useful	<input type="checkbox"/> Very useful	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Not that useful	<input type="checkbox"/> Not at all useful
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How could we improve training?

8. As a volunteer, how much do you know about the work that OCD Action carries out?

<input type="checkbox"/> A great deal	<input type="checkbox"/> A little	<input type="checkbox"/> Not a lot	<input type="checkbox"/> Nothing
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9. What support have you found useful? (Please tick as many as you like).

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Volunteer Handbook            | <input type="checkbox"/> Information materials | <input type="checkbox"/> Support from staff during shifts | <input type="checkbox"/> Support from staff in general |
| <input type="checkbox"/> Support from other volunteers | <input type="checkbox"/> Ongoing training      | <input type="checkbox"/> Volunteer meetings               | <input type="checkbox"/> Supervision /Support sessions |

10. Do you agree with the following statement "OCD Action recognises your contribution"?

<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
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12. Do any of the following statements apply? (Please tick as many as you like).

Volunteering with OCD Action has:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Helped me develop new skills | <input type="checkbox"/> Helped me develop social connections/make new friends | <input type="checkbox"/> Increased my involvement in other activities |
| <input type="checkbox"/> Increased my self confidence | <input type="checkbox"/> Increased my overall wellbeing                        | <input type="checkbox"/> Other (please state)                         |

13. How likely are you to recommend OCD Action as a place to volunteer?

Not at all likely

Extremely likely

1	2	3	4	5	6	7	8	9	10
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Is there anything else you would like to add?

Any other comments

**Thank you for taking the time to take part and thank you for all your hard work volunteering with OCD Action.**

Please return this survey to Molly O'Doherty, OCD Action,  
Suite 506-507, Davina House, 137-149 Goswell Road, London, EC1V 7ET.

If you would like someone to contact you to discuss anything that you have written please leave your name and contact details. Name: \_\_\_\_\_ Contact details: \_\_\_\_\_