# Appendix A
# Retired Senior Volunteer Program (RSVP)
# Volunteer Station Survey

1. How many volunteers serve at your organization?

   All Volunteers _____ RSVP Volunteers Only _____

2. Volunteer Impact

Please check all the items from the list below that describe the impact of volunteers on your organization:

- ☐ Volunteers directly serve our clients.
- ☐ Volunteers expand our capacity to deliver services and/or new projects.
- ☐ Volunteers help us extend our budget by providing in-kind services.
- ☐ Volunteers serve as ambassadors/advocates for our mission/services.
- ☐ Volunteers are a link to the community at large, enhancing our organization image.
- ☐ Volunteers directly support administrative staff.
- ☐ Others

3. Station Feedback

   A. Please tell us about any areas in which we might improve our services to you:

   _____
   _____
   _____
   _____

   B. Please list any areas in which you would like training to be offered regarding volunteer management:

   _____
   _____
   _____

Carroll County Retired & Senior Volunteer Program (RSVP)
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4. Do you have any specific concerns or issues with which we could assist you regarding volunteers or their management? If yes, please explain:

_____

_____

_____

5. RSVP Website

Did you know the Carroll County RSVP has a website?
http://www.carrollcountyrsvp.org

_____ Yes _____ No _____ I do now!

6. Station Experience
Please rate your Experience with the RSVP. The more stars checked the better your experience.

The RSVP recruitment/placement process:

The ease in contacting RSVP staff:

The ongoing support/communication with RSVP staff:

The Recognition given to volunteers by the RSVP:

The RSVP Website (http: www.carrollcountyrsvp.org):

The ability to access and complete RSVP forms, such as Enrollment Forms and volunteer time sheets:

The overall services of RSVP:

7. Understanding of RSVP
Please check all the areas from the list below that you understand:

☐ RSVP services and policies such as the Memorandum of Understanding.

☐ The need for and importance of sending volunteer hours to the RSVP.

☐ The FREE supplemental insurance all RSVP volunteers receive while volunteering.

☐ How to communicate with RSVP staff through emails, phone calls, personal contact, etc.

☐ They need to provide orientation, training, ongoing support, and recognition to your volunteers.

8. How often do you have clients at your station with Limited English Proficiency (LEP)?

☐ Often
☐ Seldom
☐ Never

**Get Contacted by Your RSVP**
If you would like RSVP to contact you, please leave the name of your agency, your name, and your contact number. Please note that by leaving your name here, your survey will no longer be anonymous. Thank you!

Your Organization: _____

Your Full Name: _____

Your Phone Number: _____ Your Email Address: _____

# Appendix B
# Companionship-Transportation Survey
# Retired Senior Volunteer Program (RSVP)

Thank you for taking the time to complete this survey. We would like to know how the RSVP Volunteers who have been assisting you have affected your life. All information will be kept confidential; please do not disclose your name. You may choose not to answer questions. Please check the appropriate box for each question. A self-addressed stamped envelope is enclosed for your convenience.

| **Because I have a RSVP volunteer…** | **Strongly Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Strongly Agree** | **Not applicable** |
|---|---|---|---|---|---|
| I feel less lonely. | | | | | |
| I feel I have close ties to more people. | | | | | |
| I can remain living in my home. | | | | | |
| I can get to medical appointments. | | | | | |
| I can get to the grocery store. | | | | | |
| I can take care of other necessary errands/appointments. | | | | | |
| Overall, I am satisfied with my RSVP volunteer driver. | | | | | |
| Overall, I am satisfied with the RSVP receptionist who scheduled my trip. | | | | | |
| Overall RSVP has met my expectations. | | | | | |

The following questions are optional, but your answers will assist RSVP in improving our access for clients with limited English proficiency (LEP).

| **Race and Hispanic Origin** | |
|---|---|
| **Please Check One** | |
| White alone | |
| Black or African American alone | |
| American Indian and Alaska Native alone | |
| Asian | |
| Native Hawaiian and Other Pacific Islander alone | |
| Two or More Races | |
| Hispanic or Latino | |
| White alone, not Hispanic or Latino | |

| ***Your Command of the English Language*** | |
|---|---|
| **Please Check One** | |
| Excellent | |
| Good | |
| Fair | |
| Poor | |

**Please feel free to share any comments regarding the RSVP Non-Emergency Medical Transportation Program on the back.**

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**Appendix C**
**Carroll County Retired & Senior Volunteer Program (RSVP)**
**Non-Emergency Medical Transportation Volunteer Driver Survey**

Thank you for taking the time to complete this survey. We would like to know how becoming an RSVP volunteer driver has affected your life and to learn about the effectiveness of our program. All information will be kept confidential; do not disclose your name. Please answer each question to the best of your ability. Please check the appropriate box for each question. A self-addressed stamped envelope is enclosed for your convenience.

1. How long have you been volunteering with RSVP's Non-Emergency Medical Transportation Program?
- ☐ < 1 Year
- ☐ 1-3 Years
- ☐ 4-6 Years
- ☐ 8-10 Years
- ☐ 10+ Years

2. In a typical month, how many hours do you volunteer?
- ☐ 1-3 Hours
- ☐ 4-6 Hours
- ☐ 8-10 Hours
- ☐ 10+ Hours

3. Overall, are you satisfied or dissatisfied with your volunteer experience with RSVP?
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

4. How much of an impact do you feel your work as a volunteer driver has on your daily life?
- ☐ A great deal of impact
- ☐ A lot of impact
- ☐ A moderate amount of impact
- ☐ A minor impact
- ☐ No impact at all

5. I find my volunteer experience transporting RSVP's clients rewarding?
- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree

6. How friendly is the RSVP staff?
- Extremely friendly
- Very friendly
- Somewhat Friendly
- Not so friendly
- Not at all friendly

7. How helpful is the RSVP staff?
- Extremely helpful
- Very helpful
- Somewhat helpful
- Not so helpful
- Not at all helpful

8. How appreciated do the RSVP staff make you feel?
- Very Appreciated
- Somewhat Appreciated
- Not so Appreciated
- Not at all Appreciated

9. I find the RSVP staff receptive to any suggestions or concerns I may have?
- Strongly agree
- Agree
- Disagree

10. I receive the correct information I need regarding the client I am transporting?
- All of the time
- Most of the time
- Some of the time
- Never

11. I feel safe while transporting RSVP clients?
- Strongly agree
- Agree
- Disagree

12. I feel as though I have a good rapport with the clients that I transport?
- Strongly agree
- Agree
- Disagree

13. I am improving the lives of Non-Emergency Medical Transport clients?
- Strongly agree
- Agree
- Disagree

14. Overall, how would you rate your experience volunteering with RSVP's Non-Emergency Medical Transportation Program?
- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Extremely likely
- Very Likely
- Somewhat Likely
- Not Likely
- Never
- Extremely likely
- Very Likely
- Somewhat Likely
- Not Likely
- Never

15. How often did you transport a client with Limited English Proficiency (LEP)?

- Often
- Seldom
- Never

16. How likely are you to continue volunteering at RSVP in the future?

- Often
- Seldom
- Never

17. How likely is it that you would recommend this organization to a friend or colleague?

- Often
- Seldom
- Never

18. Please use this last section to write down any additional comments, questions, or concerns that you would like to share with us.