



NEIGHBOR VOLUNTEER OFFICE

Volunteerism: The Spirit of Fort Lauderdale

Date _____

Name (Optional) _____ Organization _____

E-Mail/Phone (Optional) _____ Residence Zip Code _____

Thank you for participating in the City of Fort Lauderdale Volunteer Program. Please answer the following questions.

- 1) Did you feel prepared for this Volunteer Experience? Y/ N, Please explain:

- 2) Was your Volunteer Experience valuable? Y/ N, Please explain:

- 3) Were you provided the proper equipment and guidance for your volunteer experience?

- 4) Can you recall a particular highlight during your Volunteer Experience?

- 5) Circle Volunteers Age Group (Optional) Youth, Adult, Senior

- 6) In your opinion after completion of your Volunteer Experience, what might you think we need to improve on?

- 7) Was the staff open, helpful and flexible so that you could fulfill your Volunteer Experience? Y/ N

- 8) What projects or programs would you volunteer for in the future?

- 9) Did you feel safe volunteering in our City? Y/ N Please Explain:

We would like to thank you for volunteering with the City of Fort Lauderdale and wish you much success in the future.

NeighborVolunteerOffice@fortlauderdale.gov . 954 828.8658

