



MEMBER SURVEY

MEMBER NAME \_\_\_\_\_

VOLUNTEER OR PROVIDER \_\_\_\_\_

Please rate the quality of services provided by this volunteer or provider.

Excellent\_\_\_\_\_, Good\_\_\_\_\_, Fair\_\_\_\_\_, Poor\_\_\_\_\_

If not Excellent, what could be improved?

Would you be willing to have this volunteer or provider assist you again? If not, please explain.

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What would you like others to know about this volunteer or provider?

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