This form captures ACPH volunteer feedback from their experience as volunteers through the ACPH-VMS.

<table>
<thead>
<tr>
<th>VOLUNTEER DEPLOYMENT/OUTPROCESSING LEADER</th>
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</thead>
<tbody>
<tr>
<td>Distribute to Plans</td>
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</tbody>
</table>

1. Volunteer name/Volunteer ID #: (optional)  
2. Position:  
3. ICS/IMS Supervisor:  
4. TIME/DATE:  
5. Please rate the following:  
   - Did the volunteering experience meet your expectations?  
     - Fully  
     - Adequately  
     - Partially  
     - Not at all  
   - Was your assignment clear?  
     - Fully  
     - Adequately  
     - Partially  
     - Not at all  
   - Was your volunteer assignment orientation adequate to meet the responsibilities of your position?  
     - Fully  
     - Adequately  
     - Partially  
     - Not at all  
   - Was your on-site job specific training adequate to fulfill your duties?  
     - Fully  
     - Adequately  
     - Partially  
     - Not at all  
   - Do you feel you were able to fulfill your responsibilities?  
     - Fully  
     - Adequately  
     - Partially  
     - Not at all  
   - Were you provided with adequate information and assistance when required?  
     - Fully  
     - Adequately  
     - Partially  
     - Not at all  
6. Would you want to volunteer again for a public health emergency?  
   - Yes  
   - Possibly  
   - Doubtful  
   - Definitely not  
   - reason for choice_______________________________________  
7. Please detail any additional issues and recommendations to address the identified issues  

Can we contact you for additional information?  
   - Yes  
   - No  
If yes…. E-mail address______________________ / Phone number __________________  

Thank you for your assistance. Your input will help us to improve our volunteer system.
Instructions for:
VMS P12 – Volunteer Feedback Form

This form captures ACPH volunteer feedback on their experience as volunteers through the ACPH-VMS. The Volunteer Out-processing Supervisor is responsible for collecting the completed forms from ACPH volunteers, and transmits to ACPH-VMS Plans for archiving and after-action analysis. This is a key element of Organizational Learning as it helps identify and correct potential problems with the ACPH-VMS.

- **Section 1:** Provides the option of documenting the name of the volunteer preparing this form.
- **Section 2:** Document the position of the volunteer preparing this form.
- **Section 3:** Document the name of the ICS/IMS Supervisor responsible for overseeing the volunteer during assignment.
- **Section 4:** Document the time and date this form is being prepared.
- **Section 5:** Answer each question in the section below by choosing one of four options provided.
- **Section 6:** Document whether the volunteer would be willing to volunteer again for a public health emergency. Provide a reason for the choice if desired.
- **Section 7:** Document any additional comments or recommendations that the volunteer may have.