

**Freedom Hills Therapeutic Riding Program, Inc.**

P.O. Box 222

Port Deposit, Maryland 21904-0222

PH (410) 378-3817

**Volunteer Satisfaction Survey**

*We hope that you can take a few moments to honestly & anonymously answer the following questions. It is our hope to provide the best program possible. In order to reach that goal we would like suggestions and/or compliments to either make changes or reinforce what is working. As a volunteer, you know your needs better than anyone! Please take a moment to complete this survey. Your feedback is so important to us. Thank you for your time.*

*Date completed survey:* \_\_\_\_\_

*Volunteer Coordinator(s):* \_\_\_\_\_

1. Have you found the Freedom Hills program helpful to you in fulfilling your volunteer needs?

Very Much                      Somewhat                      Not Much                      Not at all

2. Do you feel that you were provided with enough information on the program?

Very Much                      Somewhat                      Not Much                      Not at all

3. Do you feel that you received professional and courteous service and instruction from Freedom Hills Staff (ex. Director(s), Barn Manager(s), or Office Staff)?

Very Satisfied              Satisfied              Dissatisfied              Very dissatisfied

4. If assisting riders, did the Instructors provide you or the Rider with goals to achieve with each horseback riding lesson?

Very Satisfied              Satisfied              Dissatisfied              Very dissatisfied

5. Did you feel that Freedom Hills provided adequate supervision for you assisting in the success of your volunteer position and instruction of duties?

Very Satisfied              Satisfied              Dissatisfied              Very dissatisfied

6. Did you feel that your abilities/interests were matched with the appropriate volunteer position?

Very Much                      Somewhat                      Not Much                      Not at all

7. Did you feel that your volunteer experience has met your needs and expectations?

Very Much      Somewhat      Not Much      Not at all

8. Do you feel that the facility is clean and safe during your visits?

Very Satisfied      Satisfied      Dissatisfied      Very dissatisfied

9. Overall how would you rate your experience with the Freedom Hills Program?

Very Satisfied      Satisfied      Dissatisfied      Very dissatisfied

10. Overall, do you feel Freedom Hills has a beneficial and professional volunteer program?

Very Much      Somewhat      Not Much      Not at all

Please feel free to add any additional Comments or Suggestions for Improvement:

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I give my permission to Freedom Hills to contact me to discuss my above concerns/suggestions:

(Optional): Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Volunteer Position(s): \_\_\_\_\_

Thank you for participating in this survey. Freedom Hills appreciates your continued volunteer support. We are available to you. Please don't hesitate to call us at (410) 378-3817.