



# Evaluation by event volunteer

Thanks for coming to

**We'd love to hear your feedback to help us improve future events.**

**This should take about     minutes to fill out.**

## Why we're collecting your information

*[Only use a 'Why we're collecting your information' and privacy statement if you're collecting personal data]*

Girlguiding is asking for your personal information on this form so we can

We're looking at  
so we can

### Privacy statement

For more information on how and why Girlguiding uses your personal data, including how long we keep it, your rights, and how you can contact us, please read [our full privacy notice](#).

## Before the event

### 1. How did you hear about

An email from Girlguiding	Another volunteer told me
Social media	Word of mouth
Other (please tell us):	

### 2. Have you been to

Yes, as a participant	Yes, as a volunteer	No
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### 3. Why did you decide to volunteer?

I've been before and enjoyed it	It sounded fun/interesting
To develop my skills	To network with other members
My unit wasn't going, and I wanted to go to the event in some capacity	
Other (please tell us):	

## During the event

**4. On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate the booking process?**

	1	2	3	4	5
The overall process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information received before the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The transport provided to and from the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information received during the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The registration process at the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate the facilities?**

	1	2	3	4	5
The catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The shower facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The accessibility of the venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate the activities?**

	1	2	3	4	5
The accessibility of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The on-site adventurous activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The inflatable activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The creative art activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The science activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pamper zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The drop in workshops/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall event feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. What volunteer role did you have?**

**8. Do you have any specific feedback on your role and/or your team's role?**

**9. What do you think we could do to improve future events?**

**10. On a scale of 1 to 10, with 1 being not at all likely and 10 being extremely likely, how likely are you to recommend volunteering at**

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Is there anything else you'd like to tell us about  
that's not included in the above?**