

WTBBL Volunteer Survey 2023

Thank you for taking the time to fill out our WTBBL Volunteer Survey. If you would prefer to take this survey over the phone, please contact us at wtbblvolunteer@sos.wa.gov. This survey is optional, and your responses will not be shared or distributed outside of this program.

This survey is designed as a tool to help the Volunteer Program understand what WTBBL is doing well and what to focus on improving. Therefore, honesty is key and reflection on the program as a whole and in your individual role is encouraged. WTBBL wouldn't be able to reach so many communities and create access to information and reading materials without your service, and we want to thank you for your efforts and understand how we can best serve you.

If you have any questions, comments, or concerns, please reach out to us at wtbblvolunteer@sos.wa.gov.

Please fill out this survey and return it by [due date].

1. What is your role at WTBBL? _____

2. How long have you been volunteering at WTBBL?

☐ 1-2 years

☐ 2-3 years

☐ 3-5 years

☐ 5 years or more

3. How often do you volunteer at WTBBL?

☐ twice or more per week

☐ once a week

☐ 2-3 times a month

☐ once a month

4. Please rate the volunteer application process on a scale of 1 to 5, with 1 being "needs lots of improvement" and 5 being "it's great." Please think about the ease of applying, the time it took to be contacted by WTBBL staff, the responsiveness to questions or inquiries you had, etc. If you don't remember, or if it has been more than 2 years, please check "I do not remember."

1 2 3 4 5

☐ I do not remember

If you would like to elaborate on the application process, positive or negative, or make suggestions, please do so here:

5. Please rate the volunteer onboarding process on a scale of 1 to 5, with 1 being "needs lots of improvement" and 5 being "it's great." Please think about the training you received, the responsiveness to questions or concerns you had, the welcome you received, etc. If you don't remember, or if it has been more than 2 years, please check "I do not remember."

1 2 3 4 5

☐ I do not remember

If you would like to elaborate on the application process, positive or negative, or make suggestions, please do so here:

6. On a scale of 1 to 5- with 1 being “strongly disagree” and 5 being “strongly agree”- how would you rate the following?

WTBBL staff is responsive to my needs.	1	2	3	4	5
I can ask for help when needed.	1	2	3	4	5
I understand the mission of WTBBL.	1	2	3	4	5
I understand how my work fits into WTBBL’s mission.	1	2	3	4	5
I feel I am making a difference.	1	2	3	4	5
I feel appreciated at WTBBL.	1	2	3	4	5
I feel like part of a community at WTBBL.	1	2	3	4	5
I can see the results of my work.	1	2	3	4	5
I receive feedback on the work I do.	1	2	3	4	5
I would recommend volunteering here.	1	2	3	4	5

If you would like to elaborate on your volunteer experience, positive or negative, or make suggestions, please do so here:

7. WTBBL Volunteers do a great job of spreading the word about our services. Of the hundreds of thousands of people in Washington State who qualify for WTBBL's services, only a small fraction take advantage. We value your ideas--what recommendations do you have for WTBBL to reach more communities and individuals in need of our service?

8. Please complete the following statements:

WTBBL is doing well at...

WTBBL could be better if...

9. Would you be willing to be contacted for a follow-up phone call?

☐ Yes

☐ No

If yes, please provide your name and phone number:

10. Would you be interested in more volunteer social events? If so, please check all that you would like.

☐ Not interested

☐ Volunteer Mixers

☐ WTBBL Lunchtime Chats

☐ Book Club

☐ Group chat (or some online community?) ☐ Other idea: _____

11. Optional Demographic Information

1. What is your age? _____

2. What is your zip code? _____

3. To which race/ethnicity do you belong? _____

4. What is your gender identity? _____

5. Are you a member of the LGBTQIA+ community?

☐ Yes

☐ No

6. Are you a patron of WTBBL?

☐ Yes ☐ No ☐ Family of patron

12. Do you have any of the following disabilities?

☐ Blindness

☐ Reading Disability

☐ DeafBlindness

☐ Multiple Disabilities

☐ Visual Impairment

☐ Other _____

☐ Physical Disability