



New Brunswick Volunteers!

Voluntary Sector Survey

Section I Expression of Interest

Organization/Department: _____ Contact Name: _____

Mailing Address: _____

Phone#: _____ Fax#: _____ E-mail: _____

Health Region (1-7): _____ Preferred method of communication: _____

1) Our organization is willing to share expertise and resources in the development of the *New Brunswick Volunteers!* web site and virtual volunteer fair Yes No

2) **We are willing to** (*Please check all that apply*)

- Share information about our organization to profile on the website
- Share information about our 'hottest' volunteer opportunity to profile on the website
- Profile/recognize a current volunteer on the website
- Participate in the launch of the website and virtual volunteer fair
- Occasionally send updated information regarding our organization and volunteer opportunities
- Other (please specify): _____

Section II Your Organization and Volunteers

3) Do you know if your organization was started by volunteers? Tell us a little about the history.

4) How many full-time staff do you have? _____ part-time staff? _____

5) How many volunteers? _____

6) What are some of your mandated programs?

7) What language(s) do you provide programs and services in? **English** **French**
 Other _____

8) How important are volunteers to your organization?
 Not important **Somewhat important** **Very important** **Essential**

9) Do you have a designated staff member responsible for volunteers? **Yes** **No**

10) Do you have volunteer Job descriptions? **Yes** **No**

What is your 'hottest' volunteer opportunity right now?

12) Do you require your volunteers to go through :

Application **Yes** **No**

Interview **Yes** **No**

Screening **Yes** **No**

Orientation **Yes** **No**

Training **Yes** **No**

13) Do your organizational policies include a section on volunteers? **Yes** **No**

14) Do you have a volunteer handbook? **Yes** **No**

15) Do you keep track of volunteer hours? **Yes** **No**

16) What are some of the ways your organization recruits volunteers?

17) What are some of the challenges your organization faces when it comes to volunteers?

18) Has your organization ever conducted research on volunteerism (*this may include an internal assessment of your volunteer program, survey distributed to volunteers etc.*) **Yes** **No**

a) Are you willing to share this information with us **Yes** **No**

19) Does your organization have its own website? **Yes** **No**

a) Does your website include volunteer program information? **Yes** **No** **N/A**

b) What is the website address _____

20) Has your organization ever posted a volunteer position on a website other than your own?

Yes **No**

a) Which website _____

b) How was that experience? (*please explain*)

21) Does your organization currently have:

a) Virtual volunteers (*volunteers who complete tasks in whole or in part via the internet on a home or work computer*) **Yes** **No**

b) Employer supported volunteers (*volunteers whose employers encourage and support paid volunteer leave time for employees*) **Yes** **No**

Section III Website Content & Promotion

22) What could your organization contribute to a website on volunteerism?

23) What are some of the key sections you believe should be included on the *New Brunswick Volunteers!* Website?

Section IV Project—Promotional Campaign

24) What are some of the ways we can promote this project, including the website, to:

a) The *General public*

b) *Employers and businesses*

c) *Youth*

Section V A Few Last Words...

25) What are some words of wisdom and advice for working with volunteers?

26) What are some of the things you would like to learn regarding volunteerism in New Brunswick and/or the management of volunteers?

27) Do you have a favorite joke, quote or story about volunteering? We'd love to hear it! (*feel free to attach it!*)

Comments/questions

Signature: _____

Date: _____

Please return this completed survey to:
AIDS New Brunswick
Attn: Shera Stanley, Volunteer Project Coordinator
65 Brunswick Street, Fredericton, New Brunswick E3B 1G5
Fax:(506) 459-5782
volsidaids@nb.aibn.com
by November 30th, 2004.