

STH Volunteers Survey 2022

Thank you for volunteering at Sheffield Teaching Hospitals. Please complete our annual survey to tell us about your experiences and help us to improve our service.

Your responses are anonymous.

*Required

1. How long have you been volunteering at Sheffield Teaching Hospitals? *

Mark only one oval.

- Less than 12 months
- 1-2 years
- 2-3 years
- 3-4 years
- 4-5 years
- More than 5 years

2. What is your primary base location? *

Mark only one oval.

- Northern Campus (including Vaccination Centre)
- Central Campus (RHH, Jessop Wing, Weston Park, Charles Clifford)
- Other: _____

3. What is your current volunteer role? (you may tick more than one if you do multiple roles) *

Tick all that apply.

- Active Response
- Antenatal Clinic - Jessops
- Chaplaincy
- Chemotherapy Daycase
- Clerical role
- Clothing Project
- Conversation Partner
- History Group
- Hospital Radio
- League of Friends
- Ophthalmology Steward
- Outpatient Volunteer
- Palliative Care - Ward Support
- Patient Feedback
- Pets as Therapy
- Pharmacy Runner
- Project 100
- Project 6
- Sheffield Open Heart Club (SHOC)
- Swab kits
- Vaccination Steward
- Ward Activities
- Welcomer
- Weston Park Cancer Information Centre
- Other: _____

4. Which of these statements best describes your motivation for volunteering? (Choose a maximum of FOUR which are most relevant to you) *

Tick all that apply.

- I want to give back to the NHS
- I like meeting other people
- I want to keep fit and active
- I want to use my experience and skills
- I like learning new things
- I want to gain experience for a future career
- I like to feel I am being useful
- Other: _____

5. On a scale of 1-10 how satisfied are you with your experience of volunteering at Sheffield Teaching Hospitals? *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not at all satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely satisfied

6. Do you volunteer for other organisations or take part in community activities? *

Mark only one oval.

- Yes, I am involved with other organisations and activities
- No

7. If you ticked yes to the question above, please list your other volunteering roles and community activities.

8. What new skills, if any, have you learned as a result of volunteering at Sheffield Teaching Hospitals?

9. What one thing about your volunteering at Sheffield Teaching Hospitals is really positive? *

10. What one thing about your volunteering at Sheffield Teaching Hospitals needs significant improvement? *

11. Choose three words to sum up how you feel about volunteering at Sheffield Teaching Hospitals. *

12. How do you prefer the voluntary services team to communicate with you? You may choose more than one option *

Tick all that apply.

- Email
 Phone
 Letter
 Social media
 Text Message
 Other: _____

13. Do you feel that the voluntary services team keep you fully updated on any changes? *

Mark only one oval.

- Yes
 No - would prefer more regular/detailed updates
 Other: _____

14. How likely are you to recommend Sheffield Teaching Hospitals as a place to volunteer? Tick one only *

Mark only one oval.

- Highly likely
- Quite likely
- Neither likely nor unlikely
- Quite unlikely
- Extremely unlikely

15. Do you feel well supported by the Voluntary Services Team? Please feel free to add comments into the comments section below. *

Mark only one oval.

- Yes - well supported
- Yes - somewhat supported
- No - could have been supported better
- No - not well supported

16. Please add any other comments or suggestions here.

About You

The following questions are optional but will help us to understand your answers in context. Please be reminded that your answers are anonymous.

17. What is your employment status?

Mark only one oval.

- Employed full-time
- Employed part-time
- In training
- Not employed
- Retired
- Self-employed
- Student
- Unable to work
- Prefer not to say
- Other: _____

18. What is your gender? (How do you identify?)

Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: _____

19. Which of the following age groups do you belong to?

Mark only one oval.

- 16-18
- 19-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85
- 85 or older
- Prefer not to say

20. What is your ethnic group?

Mark only one oval.

- White British
- White Irish
- Other white background
- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed/multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background
- African
- Caribbean
- Other Black/African/Caribbean background
- Arab
- Any other ethnic group

21. Do you consider yourself to be disabled or have a long term health condition?

Mark only one oval.

- Yes
- No
- Prefer not to say

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