

Brock Niagara Penguins

Volunteers

Niagara Penguins is extremely grateful for your hard work and contributions to an amazing year. In order to improve future implementations we would like get your feedback. Your comments will be confidential and you are free to decline to be apart t of the evaluation. By filling out the questions below, you are giving me consent to use this as valuable information in which I can add to my later results.

Please circle the program you were involved in

Boccia Basketball Swimming

1. Did the program match your overall expectations? Yes No
2. Were you provided with enough training/resources to assist the program? Yes No
3. Would you recommend this experience to a fellow student or family member? Why/why not?

4. What did you find most satisfying?

5. What did you find most challenging?

6. Is this a program that you can foresee yourself volunteering again?

7. Additional suggestions/comments?

Tim Hortons[®]



Fill out and submit this Survey By Dec 20th
and receive a chance to win
a 20\$ Tim Hortons Gift Card

If you have any questions or concerns please contact myself, Andre Salmon: as10rv@brocku.ca
or Elyse Lappano: niagarapenguins@brocku.ca

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Parents/Guardians/Caregivers

In order to ensure that we consistently strive to find ways to improve our service to the Niagara community we encourage feedback. By filling out the questions below, you are giving me consent to use this as valuable information in which I can add to my later results and share with the program. Your comments will be confidential and you are free to decline to be apart t of the evaluation.

Please circle the program you were involved in

Boccia Basketball Swimming

1. Did the program interest your athlete? Yes Some Days Not Really No
2. Did this program contribute to your athletes goals? Yes Not Really No
3. Would you recommend this program to other parents? Yes No
4. What were some of the strengths of the program?

5. What were some of the weaknesses?

6. Additional suggestions/comments

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Athletes

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Please circle the program you were involved in

Boccia Basketball Swimming

1. Did you enjoy this program? Yes Some Days Not Really No

2. Is this a sport that you would like to continue in the future? Yes No
why/why not?

3. What did you enjoy about the program?

4. What did you dislike about the program?

5. How could we improve this program? (time, location, equipment, cost. etc)

6. Additional suggestions/comments

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