

**NACC Walks for Colitis and Crohn's 2010 - York  
EVALUATION FORM**

We would be very grateful if you could take the time to complete this evaluation form.  
Your comments are important to us as this information will help NACC ensure that we are able to support volunteers effectively.

**Your Name:**

**Volunteer Role on the day:**

- Check-in Volunteer
- Route Marshal
- Start/Finish Line Marshal

**1. Have you volunteered at a Walk before?**

- Yes
- No

**2. How did you hear about volunteering at a NACC Walk?**

- Letter/email from NACC
- NACC News
- NACC Website
- Local Group meeting
- Local Group Newsletter
- Facebook
- Through other volunteers
- Other (please specify)

**3. Was your experience of your initial contact with NACC head office (registration, references):**

- excellent
- good
- satisfactory
- poor

**4. Is there anything that could be changed to improve national level administration?**

**5. Was your experience of the subsequent administration of the Walk by the local planning team:**

- excellent
- good
- satisfactory
- poor

**6. Is there anything that could be changed to improve the local level administration?**

**7. Did you have a good understanding of your role and what was expected of you on the day?**

- Yes
- No

**Did you find the briefing notes**

- Very Useful
- Quite Useful
- Not Useful

**Did you find the briefing on the day**

- Very Useful
- Quite Useful
- Not Useful

**Please give reasons for your answers**

Thank you for completing the form. Please return this form ASAP to:  
Bev Loczy, Volunteer Development Manager - NACC, 4 Beaumont House, St. Albans, Herts, AL1 5HH

8. Were you provided with the relevant equipment to carry out your role?

Yes       No

Please give reasons for your answers

9. What was the most rewarding part of the day for you as a volunteer?

10. In your view, what benefits does volunteering bring for you?

11. Would you be interested in volunteering at next year's York Walk for Colitis and Crohn's Disease?

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