**BENEFICIARY SURVEY**

Thank you for taking the time to complete this survey. ICF, a research and evaluation organization, is partnering with AmeriCorps to understand the impact of its Volunteer Generation Fund (VGF) grant. In this survey, we will be asking about ways in which this funding has been used by the [state name] State Commission and/or [program implementer] to support your organization through volunteer management training and other volunteer management support. Your response will help AmeriCorps to improve its VGF grant program.

1. In which state do you work? *(drop-down)*
2. For which organization in [state name] do you work? *(drop down)*
3. What is your current role at [organization name]?
	1. Executive director/CEO/president
	2. Volunteer manager/coordinator
	3. Other (please specify): \_\_\_\_\_\_\_\_\_\_

**Volunteer Management Training**

1. What type of volunteer management training/capacity building activities are available to your organization through the [state name] State Commission or [program implementer]? *(matrix; Yes/No/Don’t know)*
	1. Interactive training sessions or workshops (in-person or virtual)
	2. Conferences (in-person or virtual)
	3. One-on-one training (training included only your organization staff with program implementer trainers)
	4. Webinars
	5. Coaching
	6. Mentoring
	7. Online training modules (asynchronous)
	8. Other (please specify): \_\_\_\_\_\_\_\_\_\_
2. When did your organization first participate in training through [the state commission or program implementer]?
	1. Prior to October 2020
	2. October 2020 – March 2021
	3. April 2021 – September 2021
	4. October 2021 – March 2022
	5. April 2022 – Present
3. Since October 2020, how many other individuals at your organization have participated in training/capacity building activities through the [state name] State Commission or [program implementer]? *(drop-down 0-10+)*
4. Since October 2020, approximately how many hours of volunteer management training have you received? *(drop-down 0-20+)*
5. Do you or members of your organization still plan to complete additional training through [the state commission or program implementer]?
	1. Yes
	2. No
	3. Undecided/don’t know
6. How many more hours of training do you or members of your organization plan to complete with [the state commission or program implementer] in total? *(drop-down 0-10+)*
7. What training curriculum was used for your training? (Select all that apply.)
8. Service Enterprise Initiative
9. Pathways of Public Service and Civic Engagement
10. FEMA courses
11. California Specialized Training Institute courses
12. Points of Light Volunteer Manager training curriculum
13. State commission-developed curriculum
14. Other (please specify): \_\_\_\_\_\_\_\_\_\_
15. Don’t know
16. What certification has your organization received since October 2020, if any? (Select all that apply.)
	1. Service Enterprise certification
	2. Service Enterprise Hub (qualification to train other organizations)
	3. State commission-developed certification
	4. Other (please specify): \_\_\_\_\_\_\_\_\_\_
	5. My organization has not received any certification as of [insert month/date of survey]
17. What certification might your organization receive by September 2023, if any? (Select all that apply.)
	1. Service Enterprise certification
	2. Service Enterprise Hub (qualification to train other organizations)
	3. State commission-developed certification
	4. Other (please specify): \_\_\_\_\_\_\_\_\_\_
	5. My organization will not receive any certification
18. What certification did you or one of your staff members receive, if any, since October 2020? (Select all that apply.)
19. Certification in Volunteer Administration (United Way)
20. State commission-developed certification
21. Other (please specify): \_\_\_\_\_\_\_\_\_\_
22. Neither I nor any staff members received a certification
23. What certification do you expect that you or one of your staff members will receive by September 2021, if any? (Select all that apply.)
24. Certification in Volunteer Administration (United Way)
25. State commission-developed certification
26. Other (please specify): \_\_\_\_\_\_\_\_\_\_
27. Neither I nor any staff members will receive a certification
28. Since October 2020, for which of the following practices did you receive training through [program implementer]? (Select all that apply.)
	1. Market research and community needs assessments
	2. Strategic planning to maximize volunteer impact
	3. Recruiting and marketing to prospective volunteers
	4. Interviewing, screening, and selecting volunteers
	5. Orienting and training volunteers
	6. Ongoing supervision and management
	7. Recognition and volunteer development
	8. Measuring outcomes and evaluating the process
29. How helpful was the training for learning volunteer recruitment and selection strategies, if at all? *(Likert-type 5-point scale; unipolar; “Not at All Helpful,” “Slightly Helpful,” “Moderately Helpful,” “Very Helpful,” “Extremely Helpful”)*
30. To what extent did you implement the strategies you learned for volunteer recruitment and selection, if at all? *(Likert-type 5-point scale; unipolar; “No Strategies,” “A Few Strategies,” “Several Strategies,” “Most Strategies,” “All Strategies” “Did Not Implement Any Strategies”)*
31. How has implementing the strategies for recruiting and selecting volunteers improved volunteer recruitment, if at all? *(Likert-type 5-point scale; unipolar; “Not at All Helpful,” “Slightly Helpful,” “Moderately Helpful,” “Very Helpful,” “Extremely Helpful”)*
32. How helpful was the training for learning volunteer management and support strategies, if at all? *(Likert-type 5-point scale; unipolar; “Not at All Helpful,” “Slightly Helpful,” “Moderately Helpful,” “Very Helpful,” “Extremely Helpful”)*
33. To what extent did you implement the strategies you learned for volunteer management and support, if at all? *(Likert-type 5-point scale; unipolar; “No Strategies,” “A Few Strategies,” “Several Strategies,” “Most Strategies,” “All Strategies”)*
34. How has implementing the strategies for managing and supporting volunteers improved volunteer engagement or retention, if at all? *(Likert-type 5-point scale; unipolar; “Not at All Helpful,” “Slightly Helpful,” “Moderately Helpful,” “Very Helpful,” “Extremely Helpful,” “Did Not Implement Any Strategies” )*
35. To what extent do you or your organization need additional training or support on the following practices, if at all? *(Matrix;* *Likert-type 5-point scale; unipolar; “None at All,” “A Little,” “A Moderate Amount,” “A Lot,” “A Great Deal”)*
	1. Market research and community needs assessments
	2. Strategic planning to maximize volunteer impact
	3. Recruiting and marketing to prospective volunteers
	4. Interviewing, screening, and selecting volunteers
	5. Orienting and training volunteers
	6. Ongoing supervision and management
	7. Recognition and volunteer development
	8. Measuring outcomes and evaluating the process
36. How many of the individuals who volunteer with your organization work every month, on average?
	1. Less than 10 persons
	2. 10-19 persons
	3. 20-29 persons
	4. 30-49 persons
	5. 50-100 persons
	6. 100+ persons
37. Have you or anyone at your organization used the [state commission portal/platform name] to help search for or identify potential volunteers?
	1. Yes
	2. No
	3. Don’t know
38. How many potential volunteers did you identify through your searches? *(drop-down 0-20+)*
39. Have you or anyone at your organization used the [state commission portal/platform name] to post volunteer opportunities with your organization?
	1. Yes
	2. No
	3. Don’t know
40. How many volunteer opportunities did you (or someone at your organization) post? *(drop-down 0-20+)*
41. Has your number of volunteers increased as a result of volunteer recruitment training, resources, or assistance from the [state name] State Commission or [program implementer]?
42. Yes
43. No
44. Don’t know
45. To what extent, if at all, have the characteristics of volunteers changed in a way that aligns with your expectations (e.g., targeted demographic of volunteers or volunteer skill sets) as a result of training, resources, or assistance from the [state name] State Commission or [program implementer]? *(Likert-type 5-point scale; unipolar; “Not at All,” “Slightly,” “Moderately,” “Very,” “Extremely”)*
46. To what extent, if at all, has support from the [state name] State Commission or [program implementer] improved your organization’s process of matching volunteers to volunteer opportunities? *(Likert-type 5-point scale; unipolar; “Not at All,” “Slightly,” “Moderately,” “Very,” “Extremely”)*
47. To what extent, if at all, has support from the [state commission portal/platform name, if applicable] improved your organization’s process of matching volunteers to volunteer opportunities? *(Likert-type 5-point scale; unipolar; “Not at All,” “Slightly,” “Moderately,” “Very,” “Extremely”)*
48. What additional feedback or insights would you like to share with us regarding your participation in [program implementer]’s program?