

Volunteer Crew Feedback

Clearwater would like your feedback regarding your week on the boat!

Please tell us what worked well, what didn't, and any changes you'd like to see happen.

This information will help us make the program more effective.

Thanks for taking the time to give us feedback and for all your help over the course of your week.

We couldn't do it without you!

Becoming a Volunteer

1. Was this your first time crewing with us? Yes _____ No _____
2. **If no**, how many times have you volunteered? _____
Which boat were you on? Clearwater _____ Mystic Whaler _____
3. What brought you (back) to us?

Getting to the Boat

Please rate the following aspects of your experience before getting on the boat on a scale of 1 – 5 (1 = Difficult, 3 = Neither, 5 = Easy).

4. The volunteer application/selection process: 1 2 3 4 5 I don't know
5. Finding/making your way to the boat: 1 2 3 4 5 I don't know

Comments/Suggestions:

Volunteer Training

Please rate the following aspects of the education training program on a scale of 1 – 5 (1 = Not Effective, 3 = Neither, 5 = Very Effective).

6. Education training: 1 2 3 4 5 I don't know
7. Sail training: 1 2 3 4 5 I don't know
8. Chore training: 1 2 3 4 5 I don't know

Comments/Suggestions:

Satisfaction

Please rate the following aspects of your experience onboard on a scale of 1 – 5 (1 = Miserable, 3 = Neutral, 5 = Very Enjoyable).

9. The living quarters: 1 2 3 4 5 I don't know
10. The food/cooking: 1 2 3 4 5 I don't know
11. The Onboard Educator(s): 1 2 3 4 5 I don't know
12. The other volunteers: 1 2 3 4 5 I don't know
13. The professional crew members: 1 2 3 4 5 I don't know
14. Group leading: 1 2 3 4 5 I don't know
15. Teaching stations: 1 2 3 4 5 I don't know
16. Sailing duties: 1 2 3 4 5 I don't know
17. Chores: 1 2 3 4 5 I don't know
18. Evening activities: 1 2 3 4 5 I don't know

Comments/Suggestions:

Effectiveness of Program

19. Do the students in our programs gain knowledge/skills? Yes No I don't know
20. Is the volunteer program an effective educational experience? Yes No I don't know
21. Do you pass on Clearwater knowledge after volunteering? Yes No I don't know

Comments/Suggestions:

Please return to: Clearwater Education Department

724 Wolcott Avenue, Beacon, NY 12508

Volunteer Crew Feedback

Feelings

Please rate how you felt about the following statements during your week as a volunteer on a scale of 1 – 5 (1 = Strongly Disagree, 3 = Neither, 5 = Strongly Agree).

“During my week as a volunteer, I felt...”

| | | |
|----------------|-----------|--------------|
| 22. Welcome: | 1 2 3 4 5 | I don't know |
| 23. Safe: | 1 2 3 4 5 | I don't know |
| 24. Respected: | 1 2 3 4 5 | I don't know |
| 25. Useful: | 1 2 3 4 5 | I don't know |
| 26. Happy: | 1 2 3 4 5 | I don't know |
| 27. Healthy: | 1 2 3 4 5 | I don't know |

Comments/Suggestions:

Comfort with Teaching Stations

Please rate your comfort level with the following education stations and sailing skills on a scale of 1 – 5 (1 = Very Uncomfortable, 3 = Neither, 5 = to Very Comfortable).

| | | |
|--|-----------|--------------|
| 28. Hudson River Life (Fish, Crabs, etc.): | 1 2 3 4 5 | I don't know |
| 29. Navigation: | 1 2 3 4 5 | I don't know |
| 30. Water Quality: | 1 2 3 4 5 | I don't know |
| 31. History: | 1 2 3 4 5 | I don't know |
| 32. Other/Mystery Stations: | 1 2 3 4 5 | I don't know |

Comments/Suggestions:

Comfort with Sailing Skills

Please rate your comfort level with the following on a scale of 1 – 5 (1 = Very Uncomfortable, 3 = Neutral, 5 = Very Comfortable).

| | | |
|--|-----------|--------------|
| 33. Using Fenders: | 1 2 3 4 5 | I don't know |
| 34. Steering: | 1 2 3 4 5 | I don't know |
| 35. Coiling halyards: | 1 2 3 4 5 | I don't know |
| 36. Acting as Number 1 or Number 2 on a halyard: | 1 2 3 4 5 | I don't know |
| 37. Furling/flaking the sails: | 1 2 3 4 5 | I don't know |
| 38. Other sailing duties: | 1 2 3 4 5 | I don't know |

Comments/Suggestions:

Future Volunteering

| | | | |
|---|-----|----|--------------|
| 39. Do you hope to return to volunteer with us again? | Yes | No | I don't know |
| 40. Would you recommend this experience to others? | Yes | No | I don't know |

Comments/Suggestions:

Optional

41. Please leave a statement about your experience that we can use for volunteer outreach:

Name:
Address:

Phone Number(s):
E-mail address: