



**OMAHA POLICE DEPARTMENT
C.O.P.S.
(CITIZENS in OMAHA POLICE SERVICE)
VOLUNTEER EXIT EVALUATION**



DATE: _____

In the interest of program development, we ask your assistance in helping us to define ways in which we can improve the C. O. P. S. Program.

How long did you volunteer with us? _____

Did your position provide you with a feeling of accomplishment?

Yes No Explain: _____

Did the department adequately prepare you for the duties of your position?

Yes No Explain: _____

Did you feel a part of a team? Yes No Explain: _____

Do you feel the Police Department valued your contribution? Yes No

Explain: _____

Were your expectations of what you would like to be doing met? Yes No

Explain: _____

Why are you leaving? (Check all that apply)

- _____ Job accomplished
- _____ Did not like the job I was given
- _____ Moving to a new location
- _____ Did not feel well utilized
- _____ Need a change
- _____ Other time commitments
- _____ Other _____

Do you see areas or ways in which the C. O. P. S. program could be improved?

Yes No Explain: _____

Do you feel the supervision given was effective? Yes No Explain: _____

Were you satisfied with the contact/assistance provided by the Coordinator of Volunteers?

Yes No Explain: _____

Overall, how would you rate your experience as a C. O. P. S. volunteer?

Below Average				Average				Above Average		
	1	2	3	4	5	6	7	8	9	10

ADDITIONAL COMMENTS _____

Signature (optional): _____ Date: _____