

# ***Memory Cafés NS Volunteer Feedback***

Gender:    *Male*    *Female*    *Non-Binary*    *Prefer not to say*

*Please take a moment to share your feedback about the Memory Café Nova Scotia to help improve the program. Your responses are anonymous and will not have any influence on your participation in the program.*

1. What made you want to volunteer at The Memory Café?

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2. How many times have you volunteered at the Memory Café? Please check one response below.

*1-2 times*    *3-4 times*    *5 or more times*

3. What do you like **best** about volunteering at the Memory Café?

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4. What do you like **least** about volunteering at the Memory Café?

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5. How useful are the monthly newsletters in keeping you informed about upcoming events and provincial projects with the Memory Café?

*Very useful*    *Somewhat useful*    *Not useful*

6. How has volunteering at the Memory Café influenced your understanding and appreciation of persons with dementia and their care partners? Please choose all options that apply or specify if other is selected.

- Enhanced leadership skills.*
- Attained recognition for contributions or sense of achievement.*
- Gained satisfaction in contributing to older adults' well-being in community.*
- Increased knowledge and awareness of effective solutions to social issues.*
- Other (please specify):* \_\_\_\_\_
- No change.*

7. Please share any suggestions you have for improving the experience of **volunteers** at the Memory Café.

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8. Please share any suggestions you have for improving the experience of **guests/participants** at the Memory Café.

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9. Is there anything else you would like to share about your experience volunteering at the Memory Café Nova Scotia?

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**Thank you for your feedback and support with the  
Memory Café Nova Scotia!!**