

CTK: \_\_\_\_\_

Big Brothers Big Sisters of Mohave County  
A Program of the Interagency Council

**PARENT SATISFACTION QUESTIONNAIRE**  
**(Post Enrollment)**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child: \_\_\_\_\_

Thank you for your time in meeting with Big Brothers Big Sisters staff. Your time and input will be valuable in working towards making the right Big Brother or Big Sister match for your child. We would appreciate any feedback on the service you've provided throughout your enrollment process and would ask that you please take a moment to complete the following questions. Please feel free to provide any additional comments in the space provided.

	Strongly Disagree				Strongly Agree
1. When I first contacted the agency, I was given enough information about the program and the benefits my child would gain by having a volunteer in their life.	1	2	3	4	5
2. in scheduling my interview I felt the staff was accommodating and helpful in working with my schedule and needs.	1	2	3	4	5
3. upon meeting BBBS staff, I was greeted in a friendly, professional manner.	1	2	3	4	5
4. I felt that the interview and other enrollment process were appropriate and necessary.	1	2	3	4	5
5. I have a good understanding of what to expect from a Big Brother or Big Sister.	1	2	3	4	5
6. I have a good understanding of what my role will be now as a parent in this program.	1	2	3	4	5
7. Now that my child is enrolled, I will feel comfortable contacting the agency for any questions, assistance, and support.	1	2	3	4	5
8. My suggestions for improving the enrollment process are:					
9. My other comments are:					