**8. LEAD VOLUNTEERS’ FEEDBACK FORM**

**WYDAN NIGHT SHELTER**

WE WOULD REALLY APPRECIATE YOUR FEEDBACK ON YOUR EXPERIENCE OF HOSTING THE SHELTER.

PLEASE COMPLETE THIS FORM AS FULLY AS POSSIBLE.

**Name of Organisation**

**Name of person filling in this form** (Lead volunteer/steering group member)

**Dates of Hosting**

**Number of other churches, other faith groups, other organisations and businesses involved in your week/s of hosting. P**lease provide more details if you wish to.

**What worked well and not so well during your time of hosting**? You may wish to comment on ….. delivery and pick up of the shelter, referrals and liaising with referral agencies, opening and closing times, rotas, using WYDAN’S ‘roving’ volunteers, guest issues, training, support and troubleshooting by Katrina and/or the Night Shelter Steering Group.

 **PTO**

**How much did it cost to run the shelter for your week/s hosting?** It would be very helpful if you could provide your basic budgets and accounts where possible.

**Any other comments or thoughts on your hosting experience**

Many thanks for filling in this form.

You will also have the opportunity to feedback at your review meeting.