

ROCK VALLEY ROTARY SENIOR COMPANION PROGRAM EVALUATION - 2009

Name _____

Date _____

1. Are you satisfied with your current assignment/s? **Yes** **No** **Need to Discuss**

2. Is there good communication between you and your site supervisor and/or clients? **Yes** **No** **Need to Discuss**

3. Do you have a set schedule for visiting clients? **Yes** **No** **Need to Discuss**

4. Do you wish to keep the same schedule? **Yes** **No** **Need to Discuss**

5. Please list your clients below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Would you be interested in a new client/s? **Yes** **No** **Need to Discuss**

7. How many hours per week are you volunteering? _____ **Need to Discuss**

8. How many hours per week would you like to volunteer? _____ **Need to Discuss**

9. What activities do you do with your clients? _____

10. Do you feel your talents are being well used? **Yes** **No** **Need to Discuss**

How? _____

- | | | | |
|---|------------|-----------|------------------------|
| 11. Do you feel these activities are in line with SCP guidelines? | Yes | No | Need to Discuss |
| 12. Do you meet with other staff and/or Senior Companions? | Yes | No | Need to Discuss |
| 13. Do you get along with other SCPs? | Yes | No | Need to Discuss |
| 14. Is training provided at your volunteer site? | Yes | No | Need to Discuss |
| 15. Does your volunteer site provide recognition of your service? | Yes | No | Need to Discuss |
| 16. Is a meal provided at your site? | Yes | No | Need to Discuss |

17. What do you think is the best work you do with your clients served? _____

- | | | | |
|---|------------|-----------|------------------------|
| 18. Are you satisfied with the communication between you and the SCP Director/Staff? | Yes | No | Need to Discuss |
| 19. Are there any physical problems that affect your work? | Yes | No | Need to Discuss |
| 20. Are there any issues (personal, supervisor, site program) that you feel should be dealt with by the SCP Director? | Yes | No | Need to Discuss |
| 21. Are there any specific issues/area you would like discussed at inservice meetings?

_____ | Yes | No | Need to Discuss |

Comments/suggestions for the SCP Director: _____

Volunteer Signature _____ **Date** _____

SCP Director Signature _____ **Date** _____