

STATION SITE VISIT

1. How many volunteers does you station have? _____
2. Do you need additional volunteers at this station? _____
If yes how many? _____
3. How often do you meet with your Senior Companion volunteer?
MONTHLY BIMONTHLY QUARTERLY ANNUALLY
4. How often is the client/participant assessed for changes?
MONTHLY BIMONTHLY QUARTERLY ANNUALLY
5. Are Senior Companion files kept separate? _____
6. Does your agency have incidents reports? _____ How many incidents have you reported concerning a Senior Companion this year? _____
7. Is your station Handicap accessible? _____
8. Do you have Care Plan/ Letter of Agreements for all of your volunteers? YES NO
9. How often are the Care Plan/ Letter of Agreements reviewed?
MONTHLY BIMONTHLY QUARTERLY ANNUALLY

Reviewed by _____ Date _____

Senior Companion Program Administrator _____

NOTE: A LETTER OF ACKNOWLEDGEMENT WILL BE SENT TO YOU WITH A SIGNED COPY OF THIS FORM FOR YOUR RECORDS.

