

COMPEER MONTHLY REPORT

VOLUNTEER _____ **Month/Year** _____

FRIEND (first name and initial only) _____

Hours spent visiting with your friend(s) _____ Number of visits _____

Hours spent on the phone with your friend(s) _____ Number of phone calls _____

Briefly describe the activities in which you and your friend participated this month. (movies, going for a walk, visiting with others, sports events, etc.)

Describe any concerns about your friend, or your relationship with your friend. _____

Describe any successes or good news you are willing to share concerning your Compeer friendship. _____

We are always happy to hear reports about what this friendship is meaning to you or your friend. These positive stories can encourage others to join the Compeer program as volunteers.

Please note any changes in your address/phone number, or that of your friend or mental health professional. _____

Do you want a volunteer coordinator to call you? Yes _____ No _____

Your home phone _____ Your work phone _____ Best time to call _____

REPORTS ARE DUE ON THE LAST DAY OF EACH MONTH. Please send, e-mail or fax to

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Reports can also be submitted online at www.compeerlancaster.org (Volunteer page)