

# COMPEER CALLING

## Monthly Update

*(To be completed by Compeer Calling volunteer)*

Please use one (1) sheet per friend

VOLUNTEER \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_

FRIEND (FIRST NAME & LAST INITIAL) \_\_\_\_\_

TOTAL TIME SPENT ON THE PHONE WITH YOUR FRIEND \_\_\_\_\_

(Calculate per approximate hour: 15 minutes = .25, 30 minutes = .50 etc.)

<u>DATE</u>	<u>LENGTH OF CALL</u>	<u>CONCERNS/COMMENTS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other contacts with your friend (i.e., email, cards sent): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note any changes in your address/phone number or your friend's address/phone number or therapist: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you want a Compeer Calling Coordinator to call you? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any general questions or concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### REPORTS ARE DUE ON THE FIRST DAY OF EACH MONTH.

Please mail, email or fax them to:

Compeer Lancaster  
630 Janet Avenue  
Lancaster, PA 17601  
Fax: 717-735-1354