

COMPEER MONTHLY REPORT

VOLUNTEER: _____ MONTH/YEAR: _____

FRIEND (First name and initial only): _____

Hours spent visiting with your friend: _____ Number of visits: _____

Hours spent on the phone with your friend: _____ 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 _____

Home phone: _____ Work Phone: _____ Best time to call: _____

REPORTS ARE DUE ON THE FIRST DAY OF EACH MONTH.

Please mail, e-mail or fax them to: Deb Jones

COMPEER LANCASTER

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