

Volunteer Pre-Survey
Welcome to the Community Care Corps Survey!



You are being asked to complete this survey because you volunteer with an organization funded through Community Care Corps.

The information you provide is extremely valuable. It helps us understand what makes this organization's program helpful to the community.

You are not asked to provide your name or other identifying information. All your responses will be kept confidential. Except for your Participant ID, the state you live in, and the organization you are affiliated with, you can skip any questions you do not feel comfortable answering.

The information you provide will not impact your ability to receive services from or volunteer with this organization.

We know your time is valuable and we appreciate you taking some of it to help us with this project!

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*The following section is **MANDATORY**.*

In order to keep all the information you give us together we need you to create a participant ID. Your ID will be the first two letters of your first name, the first two letters of your last name, and the last two numbers of your birth year.

For example, my name is **Maria Jones** and I was born in **1971**. My ID is **MAJO71**.

Please write your answer(s) here:

First two letters of your FIRST name: _____

First two letters of your LAST name: _____

Last two numbers of your BIRTH year: _____

What state do you currently live in? _____

What organization do you currently volunteer with? Please choose **only one** of the following:

- | | |
|--|---|
| <input type="radio"/> Agency on Aging of South Central Connecticut (AOASCC) | <input type="radio"/> Lifespan of Greater Rochester, Inc. |
| <input type="radio"/> Aging Clinic of the Rockies at Colorado State University | <input type="radio"/> Lori's Hands, Inc. |
| <input type="radio"/> Aroostook Agency on Aging (AAAA) | <input type="radio"/> Lutheran Social Service of Minnesota (LSS) |
| <input type="radio"/> Catholic Charities Southwestern Ohio (CCSWO) | <input type="radio"/> Lutheran Social Services of North Dakota (LSSND) |
| <input type="radio"/> Catholic Community Service, Inc. (CCS) | <input type="radio"/> New Mexico Caregivers Coalition (NMCC) |
| <input type="radio"/> CBVFR Auxiliary, Inc. | <input type="radio"/> North Coast Opportunities, Inc. (NCO) |
| <input type="radio"/> Clackamas County Social Services (CCSS) | <input type="radio"/> Retired and Senior Volunteer Program of Rock County (RSVP Rock) |
| <input type="radio"/> DOROT, Inc. | <input type="radio"/> ShareCare of Leelanau, Inc. |
| <input type="radio"/> ElderSource | <input type="radio"/> Shepherd's Centers of America (SCA) |
| <input type="radio"/> Good Shepherd Interfaith Volunteer Caregivers (GSIVC) | <input type="radio"/> St. Agnes Hospital Foundation, Inc. |
| <input type="radio"/> Jewish Family Services of Washtenaw County (JFS) | <input type="radio"/> Villages of the Berkshires (VoB) |
| | <input type="radio"/> Volunteers of America (VOA), Northern Colorado Services |

The following section is **NOT** mandatory, and you can skip any questions you do not feel comfortable answering.

VOLUNTEER – SERVICE DESCRIPTION

How long have you been providing volunteer services for this organization? Please choose only **one** of the following:

- I have not yet started providing services
- Less than 6 months
- 6 months – 1 year
- 1 – 3 years
- 4 years or more

What non-medical volunteer services will you be providing for this organization? Please select **all** that apply:

- | | |
|--|---|
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Food preparation |
| <input type="checkbox"/> Companionship/friendly visit/reassurance (e.g., in-person, phone check-ins, face-to-face video calls, emails, etc.) | <input type="checkbox"/> Meal assistance |
| <input type="checkbox"/> Travel companion/chaperone | <input type="checkbox"/> Light yard maintenance |
| <input type="checkbox"/> Non-emergency medical appointment companion/chaperone | <input type="checkbox"/> Minor home modifications |
| <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Grocery shopping |
| <input type="checkbox"/> Patient advocacy | <input type="checkbox"/> Picking up prescriptions/medical equipment |
| <input type="checkbox"/> Safety checks | <input type="checkbox"/> Other errands |
| <input type="checkbox"/> Light chores/help around the home | <input type="checkbox"/> Peer counseling |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Recreational companion/chaperone |
| | <input type="checkbox"/> Stress reduction |
| | <input type="checkbox"/> Unsure |

Why did you choose to volunteer with this organization? Please choose **all** that apply:

- | | |
|--|--|
| <input type="checkbox"/> Personal connection to aging and disability | <input type="checkbox"/> Required by school or faith organization |
| <input type="checkbox"/> Giving back to the community | <input type="checkbox"/> Legally mandated community service |
| <input type="checkbox"/> Learning new knowledge and skills | <input type="checkbox"/> Provide companionship to people who need services |
| <input type="checkbox"/> Connection to this organization | <input type="checkbox"/> Make new friends |
| <input type="checkbox"/> Exploring career paths | <input type="checkbox"/> Service or faith-based program |

VOLUNTEER – DEMOGRAPHICS

What age did you turn on your last birthday? _____

What is your employment status? Please choose **all** that apply:

- | | |
|---|---|
| <input type="checkbox"/> Full-time student | <input type="checkbox"/> Employed part-time |
| <input type="checkbox"/> Part-time student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Semi-retired |

Per U.S. Census definitions, are you of Hispanic, Latino, or Spanish origin? Please choose **all** that apply:

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin (e.g., Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)

Per U.S. Census definitions, what is your race? Please choose **all** that apply:

- American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
- Asian (e.g., Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Pakistani, Vietnamese, etc.)
- Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- Native Hawaiian or Other Pacific Islander (e.g., Chamorro, Fijian, Marshallese, Native Hawaiian, Samoan, Tongan, etc.)
- White (e.g., German, Irish, English, Italian, Lebanese, Egyptian, etc.)
- Prefer not to answer

What is your annual household income? Please choose only **one** of the following:

- \$0 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000+
- Prefer not to answer

What is your educational level? Please choose only **one** of the following:

- Less than High School
- High School Diploma or Equivalent
- Some College/Trade School
- College/Trade School Graduate
- Post-Graduate Degree

What gender do you identify as? Please choose only **one** of the following:

- Male
- Female
- Other
- Prefer not to say

What is the farthest distance you travel from your home to provide volunteer services for this organization? Please choose only **one** of the following:

- 0-5 miles
- 6-10 miles
- 11-15 miles
- 16-20 miles
- More than 20 miles

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Thank you for completing this survey.