



**NOTE: DATES TO BE UPDATED BASED ON DATE OF OMB
CLEARANCE FOR THE INFORMATION COLLECTION.**

Your organization has been chosen to complete this survey. Reflecting a national random selection method, your organization represents similar programs we could not include in this year's assessment. While participation in the survey is voluntary, your response is critical to providing a complete picture of our volunteer programs. The results of this survey will help convey to Congress the accomplishments of the RSVP program and will more clearly establish its value to organizations like your own.

Please know that your responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific organization or individual. We will not provide information that identifies individuals or their districts to anyone outside the study team, except as required by law.

COMPLETING THIS SURVEY:

- This survey has been customized to address the types of activities carried out by RSVP volunteers for your organization. This determination was based on communications with the Senior Corps Project Director who coordinates with your organization. **If you have not received the appropriate survey sections, please contact: Kathy Morehead, survey coordinator at Westat: 1-888-446-1292, or by e-mail, Kathymorehead@Westat.com.**
- Please respond to the sections regarding your volunteers, your organization, and volunteer management.
- The survey asks about RSVP volunteer activities and accomplishments during the 12-month period from October 1, 2002 to September 30, 2003. For school-based activities and accomplishments, the relevant period is the September 2002-June 2003 school year.
- Please review the Background Section and make corrections to the identifier information as needed.
- Please fill in the next section(s) with information about each of the activities that RSVP volunteers carry out for your organization, specifically the numbers of RSVP volunteers, RSVP volunteer hours, and the nature of the accomplishments for a particular activity. Please avoid duplicating services—select the single best place, in your view, to describe an activity. Please refer to the sample item on page 9 as an example of how to complete the section(s). If numbers are hard to specify, please provide your best estimate.
- Describe any RSVP volunteer activity for your organization that does not seem to fit any of the categories included here in the Other Services Section at the end of the survey form.

AFTER YOU HAVE COMPLETED THE SURVEY:

- After completing all parts of the survey, please make a copy for your records.
- Staple originals together and seal them in the envelope that is provided by Westat, the firm contracted to administer the survey.
- Return all sections of the survey to **Westat by Friday, May 14**. The full address is: Westat, Room RA 1225, 1650 Research Blvd., Rockville, MD 20850. If you wish to fax it: 1-888-377-5716.

If you have any questions about the survey, please contact Westat at (1-888-446-1292, Kathymorehead@Westat.com).

Public reporting burden for this collection of information is estimated to average 45 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Department of Research and Policy Development, 1201 New York Avenue, N.W., Washington DC 20525.

The Agency informs the potential person(s) who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number, which is indicated on this form. (See 5 C.F.R. 1320.5(b)(2)(i))

BACKGROUND

Your Organization: _____

Mailing Address: _____

City/State/ZIP _____

Person completing this form: _____

Your Name _____

Your Title _____

Your Telephone number: _____

Your Email: _____

Is your organization faith-based? Yes No

YOUR VOLUNTEERS

RSVP Volunteers and Your Organization:
(all questions for the period October 1, 2002 through September 30, 2003 or for school year 2002-2003)

Volunteer Information

a. Number of RSVP Volunteers during the above period (headcount) RSVP volunteers

b. Total Number of RSVP Volunteer hours during the above period hours

c. Number of non-RSVP Volunteers serving with your organization during the above period (headcount) non-RSVP volunteers

d. Approximately how many of these non-RSVP volunteers were recruited, trained, managed, or coordinated by RSVP volunteers? non-RSVP volunteers

e. Of the RSVP Volunteers serving with your organization on October 1, 2002, approximately what percentage were still volunteering at the end of the relevant period? %

f. How long has the RSVP program served with your organization?
(Please select from the following responses):

- Under 1 year 1-5 years 6-10 years 11 years or more

YOUR ORGANIZATION

Please check all boxes that describe your organization:

HEALTH

- Hospital/Medical Center/Clinic
 - Nursing Home/Convalescent Center/Hospice
 - Home Health Care Agency
 - Non-Residential Mental Health Agency
 - Non-Residential Developmental Disability/Rehabilitation Center
 - Residential Long-Term Care Agency (MH/MR/DD)
 - Congregate Meal/Meals on Wheels Agency
 - Food Bank
 - Government Agency
 - Other Health Care Organization or Health Department; please specify
-

HUMAN NEEDS

- Adult Day Care Center
 - Transitional Shelter/Center (Homeless, Battered, etc.)
 - Multi-Purpose Center (including senior centers)
 - Public Housing Agency
 - Day Care (Pre-Elementary) Center
 - Government Agency
 - Other Social Service/Human Needs Agency, please specify
-

EDUCATION

- Head Start Center
 - Non-Head Start Educational Pre-School
 - Public/Private School (K-6/Elementary)
 - Public/Private School (Middle School/Junior High School)
 - Public/Private School (Senior High School)
 - Native American School
 - Post Secondary Institution
 - Library
 - Museum
 - Adult Education Organization
 - Government Agency
 - Other Educational Organization, please specify
-

COMMUNITY AND ECONOMIC DEVELOPMENT

- Community Development Program or Non-Profit Agency
 - Thrift Shop/Coop/Craft Shop
 - Chamber of Commerce
 - Government Agency
 - Other Community and Economic Development Organization or Agency; please specify
-

PUBLIC SAFETY

- Court
 - Juvenile Correctional Agency
 - Adult Correctional Agency
 - Police/Law Enforcement Agency
 - Other Public Safety Organization, please specify
-

DISASTER

- Red Cross
 - Government Agency
 - Other Disaster Organization, please specify
-

HOMELAND SECURITY

- Red Cross
 - Other Community-based Organization/Agency
 - Government Agency
 - Other Homeland Security Agency, please specify
-

ENVIRONMENT

- Parks/Recreation Agency
 - Animal Care Organization
 - Community Based Environmental Organization
 - Government Agency
 - Other Environmental Organization, please specify
-

HOUSING

- Homeless Center
 - Housing Referrals/Relocation Agency
 - Housing Rehabilitation/Construction Organization
 - Transitional Housing Center/Organization
 - Community-based Housing Organization
 - Government Agency
 - Other Housing Organization, please specify
-

OTHER

- Other Organization or Agency, please specify
-

VOLUNTEER MANAGEMENT

(For the period October 1, 2002 through September 30, 2003)

1. Please describe the extent to which RSVP volunteers provide the following benefits to your organization. (Check one choice for each statement)

	True to a great extent	True to a moderate extent	Not true	Not applicable	Don't Know
a. RSVP volunteers help expand the <i>types</i> of service to clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. RSVP volunteers help increase the <i>number</i> of clients served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. RSVP volunteers help improve the <i>quality</i> of services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. RSVP volunteers help free up paid staff time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. RSVP volunteers bring specialized skills, such as legal, financial management, or computer expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. RSVP volunteers help increase public support for our organization and/or improve community relations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. RSVP volunteers help recruit other volunteers (non-RSVP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. RSVP volunteers help manage other volunteers (non-RSVP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The RSVP project reduces the time and effort needed to recruit volunteers who can help meet our agency's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other reason (Specify): _____					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please describe the extent to which your organization uses tools to manage RSVP volunteers. (Check one choice for each statement)

Management of RSVP volunteers	Used to a great extent	Used to a moderate extent	Not used	Not applicable	Don't Know
a. Written policies and volunteer assignment descriptions for RSVP volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional liability coverage or insurance protection for RSVP volunteers beyond what Senior Corps already offers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recognition activities, such as award ceremonies, for RSVP volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regular collection of information on numbers and hours of RSVP volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Annual measurement of the impacts of RSVP volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Training and professional development activities for volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Screening procedures to identify suitable RSVP volunteers, and to match them with appropriate tasks or jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Regular supervision of and communication with RSVP volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We are interested in knowing if anyone in your organization is primarily responsible for volunteer management. (Please check "yes" or "no")

Staff responsibility for volunteer management	Yes	No	Don't know
a. Does your organization have a paid staff person whose responsibilities include management of volunteers?	<input type="checkbox"/>	<input type="checkbox"/> (Go to Item 4)	<input type="checkbox"/>
b. Does your organization have a volunteer who is responsible for the management of other volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Some organizations encounter challenges with RSVP or the RSVP project. Please note the degree to which each of the following issues has been a challenge for your organization. (Please check one choice for each statement below)

Challenges in the development of RSVP volunteer assignments	A major challenge	A minor challenge	Not a challenge at all	Not applicable	Don't Know
a. Responsiveness of the RSVP project when:					
▪ More RSVP volunteers are requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ RSVP volunteers with the right skills or expertise are needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ RSVP volunteers are needed for specific schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of paid staff time to properly train and supervise RSVP volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of adequate funds for supporting RSVP volunteer involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regulatory, legal, or liability constraints on RSVP volunteer involvement.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Absenteeism, unreliability, or low quality service provided by RSVP volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other challenge (Specify): _____					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* constraints might include reporting, background checks, or liability insurance

5. To what extent would each of the following factors increase your capacity to involve volunteers in service (both RSVP and non-RSVP)?

	Would increase to a great extent	Would increase to a moderate extent	Would not increase at all	Don't Know
a. More training or professional development in how to work more effectively with volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Greater availability of potential volunteers with specialized skills, such as legal, financial management, or computer expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A one-year, full-time volunteer with a living stipend, and with responsibility for volunteer recruitment and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fewer regulatory, legal, or liability constraints on volunteer involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More information about people in the community who want to volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other factor (Specify): _____				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. We'd like to know about the methods your organization uses to locate and recruit RSVP volunteers. Does your organization...

	Yes	No	Not applicable	Don't Know
a. Do public speaking before groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use the Senior Corps JASON web-based recruitment system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use other (non-JASON) Internet recruiting system(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use newspapers, trade papers, billboards, or fliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Register with other organizations to receive referrals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use special events, such as volunteer fairs or organizational open houses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use word of mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other method (Specify): _____				

SAMPLE RSVP VOLUNTEER ACTIVITY

Below is an example of how to complete the items regarding accomplishments.

Sample. Delivery of Health Services

Number of RSVP Volunteers who provided these services:..... 30
Total number of RSVP Volunteer hours:..... 3,000

<u>Type of Service</u>	<u>Number</u>
Provided escort and support services in community clinics, home health agencies, and other health settings to.....	<u>150</u> people.
Provided health services at a clinic, hospital, mobile-unit, skilled nursing facility, or adult day care center to.....	<u>500</u> people.

HUMAN NEEDS: HEALTH/NUTRITION (HN)

HN-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

HN-1. Delivery of Health Services

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>
Provided escort and support services in community clinics, home health agencies, and other health settings to.....	_____ people.
Provided health services at a clinic, hospital, mobile-unit, skilled nursing facility, or adult day care center to.....	_____ people.
Provided information, class enrollment, or referrals on the delivery of health services to.....	_____ people.
Helped people to prepare for/recover from hospital stays and operations; helped.....	_____ people.

HN-2. Health Education

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>
Taught health practices, including first aid or CPR, to.....	_____ people.
Provided information, class enrollment or referrals for health services, including first aid or CPR, to.....	_____ people.

HN-3. Maternal/Child Health Services

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>
Provided support/services for post-natal care and well-child clinics for.....	_____ children.
Provided pre-natal care and family planning services and support for.....	_____ women.
Provided information, referrals, and class enrollment on pre-and post-natal care, and child health for.....	_____ women.

HN-4. Mental Health

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Helped deliver services to mental health patients in residential and non-residential settings; helped.....	_____	mental health patients.
Disseminated information, or provided out-patient planning or reality orientation for.....	_____	mental health patients.
Provided information, program enrollment, or referrals on mental health to.....	_____	people.

HN-5. Congregate Meals

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Prepared and/or served food, cleaned up, planned menus or assisted with recordkeeping for.....	_____	meals.
Prepared and/or served food, cleaned up, planned menus or assisted with recordkeeping for.....	_____	people.

HN-6. Developmental Disabilities

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted in programs or advocacy for.....	_____	individuals with developmental disabilities.
Provided information, program enrollment or referrals on programs serving individuals with developmental disabilities.....	_____	people.
Provided services in residential or non-residential settings for.....	_____	individuals with developmental disabilities.

HN-7. Substance Abuse

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided rehabilitation services to.....	_____	people with substance addictions and their families.
Disseminated informational fliers on the abuse of alcohol, drugs, and over the counter medications, to.....	_____	people.
Provided services for.....	_____	drug or alcohol addicted infants.
Provided services for.....	_____	drug or alcohol addicted adults.
Provided services for.....	_____	drug or alcohol addicted children or teens.

HN-8. Physical Disabilities Programs

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted during Special Olympics with.....	_____	participants.
Provided information, program enrollment, or referrals on physical disabilities to.....	_____	people.
Provided rehabilitation and exercise assistance to.....	_____	people with physical disabilities.

HN-9. In-Home Care

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided supportive health and social services for.....	_____	individuals who needed long term care in their homes.
Provided information, program enrollment or referrals on in-home care to.....	_____	people.
Provided services such as light housekeeping, meal preparation, referral and service coordination to.....	_____	individuals who needed long term care in their homes.

HN-10. Hospice/Terminally Ill

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided information, program enrollment, or referrals on terminal illness and hospice to.....	_____	people.
Provided nurturing and support to.....	_____	terminally ill patients (except for those with HIV/AIDS) and their families.

HN-11. Food Distribution/Collection

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Delivered meals to.....	_____	individuals in their homes.
Delivered.....	_____	meals.
Distributed informational fliers on food distribution and collection to.....	_____	people.
Gleaned, organized, packed, or distributed.....	_____	pounds of food for a food bank.
Gleaned, organized, packed, or distributed food for.....	_____	people.
Participated in nutrition education services attended by.....	_____	people.

HN-12. Boarder Babies

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Cared for.....	_____	infants or young children who were hospitalized because of lack of placement alternatives (except for children with HIV/AIDS).

HN-13. HIV/AIDS

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Cared for.....	_____	boarder babies with HIV/AIDS.
Provided information, program enrollment or referrals on HIV/AIDS programs to.....	_____	people.
Provided services and support for.....	_____	HIV/AIDS patients in institutions and hospices, and their families.
Provided services and support for.....	_____	HIV/AIDS patients in their own or their families' homes.

HN-14. Immunization

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted in providing immunizations in clinics, hospitals, and other community-based settings to.....	_____	people of all ages.
Assisted in providing school immunizations to.....	_____	children.
Urged parents to obtain follow-up immunizations for.....	_____	infants.
Provided information, clinic enrollment or referrals on immunizations to.....	_____	people.

HN-15. Other Health/Nutrition Services

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided information program/class enrollment or referrals on other health and nutrition services to.....	_____	people.

Please specify these other health/nutrition services:

<u>Type of Service</u>	<u>Number</u>	
(1) _____, to...	_____	people.
(2) _____, to...	_____	people.
(3) _____, to...	_____	people.

OTHER HUMAN NEEDS (O)

O-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

O-1. Adult Day Care

Number of RSVP Volunteers who provided these services: _____
Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Coordinated and/or provided services at adult day care centers for.....	_____ older individuals.

O-2. Companionship/Outreach

Number of RSVP Volunteers who provided these services: _____
Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Provided support, wrote letters, listened, read or spoke to...	_____ people to ease their feelings of isolation and loneliness.
Visited, called or provided bereavement support to.....	_____ people.
Visited with.....	_____ hospitalized patients.

O-3. Crisis Intervention

Number of RSVP Volunteers who provided these services: _____
Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Participated in crisis intervention programs serving.....	_____ people of all ages.
Provided information or referrals on crisis intervention services to.....	_____ people.
Provided telephone/hotline crisis counseling to.....	_____ people.

O-4. Family Violence

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Helped.....	_____	victims of family violence.
Provided information, program enrollment, or referrals on family violence to.....	_____	people.
Provided training in prevention awareness and self defense to.....	_____	people.

O-5. Child Abuse/Neglect

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided aid, assistance, and guidance to.....	_____	child victims of abuse or neglect, and their families.
Provided information, program enrollment, or referrals on child abuse to.....	_____	people.
Served as guardians <i>ad litem</i> (legally-appointed) to.....	_____	abused/neglected children.

O-6. Mentoring

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided mentoring by developing relationships, reinforcing prosocial behaviors and providing constructive guidance and feedback to.....	_____	children.
Provided mentoring by developing relationships, reinforcing prosocial behaviors and providing constructive guidance and feedback to.....	_____	children in foster care.
Mentored.....	_____	children of prisoners.
Coordinated group activities for.....	_____	children of prisoners.
Distributed holiday gifts to.....	_____	children of prisoners.
Provided advocacy for.....	_____	children of prisoners.

O-7. Respite

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided information, program enrollment, or referrals on respite programs to.....	_____	people.
Provided respite for.....	_____	caregivers.

O-8. Teen Pregnancy/Parenting Support and Education

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Conducted parenting classes for.....	_____	teen parents.
Provided informational materials to.....	_____	teen parents.
Provided one-on-one services on parenting skills, child health and safety and similar topics for.....	_____	teen parents.
Provided teen pregnancy information, program enrollment, or referrals to.....	_____	people.
Helped recruit and train.....	_____	volunteers for teenage pregnancy prevention programs.

O-9. Senior Center Programs

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Coordinated and/or delivered supportive services or social activities for.....	_____	people at senior centers.

O-10. Elder Abuse/Neglect

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted.....	_____	abused elders and their families.
Conducted.....	_____	elder abuse prevention programs.
Conducted elder abuse prevention programs attended by...	_____	people.

O-11. CHIPS/SCHIPS

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Enrolled.....	_____	people in these programs.
Provided information or referrals about CHIPS/SCHIPS to..	_____	people.

O-12. Other Human Needs Services

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

Please specify these other human needs services:

<u>Type of Service</u>	<u>Number</u>	
(1) _____, to...	_____	people.
(2) _____, to...	_____	people.
(3) _____, to...	_____	people.

EDUCATION (ED)

ED-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

ED-1. Pre-Elementary Day Care

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>	
Assisted at.....	_____	pre-elementary learning and day care programs (not including Head Start).
Assisted in pre-elementary and day care programs (not including Head Start) serving.....	_____	children.

ED-2. Head Start/School Preparedness

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>	
Providing mentoring in Head Start Programs by developing relationships with children, reinforcing prosocial behaviors, and providing constructive guidance and feedback to.....	_____	children in Head Start classes.
Provided meals and nutritional information and monitored the health status of.....	_____	children in Head Start classes.
Provided child development or school readiness skills activities for.....	_____	children in Head Start classes.
Provided nurturing for.....	_____	children in Head Start classes.

ED-3. Elementary Education

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Served as classroom aides, playground aides, one-on-one student assistants, or computer aides in.....	_____	elementary school classrooms.
Served as classroom aides, playground aides, one-on-one student assistants, or computer aides for.....	_____	elementary school students.
Assisted with extracurricular activities, clubs, physical education classes, physical fitness or sports programs involving.....	_____	elementary school students.
Participated in character education programs, including anti-bullying programs for.....	_____	elementary school students in schools.
Participated in character education programs, including anti-bullying programs for.....	_____	elementary school students in community settings.

ED-4. Secondary Education

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Served as field trip aides, teacher’s aides, one-on-one classroom assistants, or career counselors in.....	_____	7 th through 12 th grade classrooms.
Served as field trip aides, teacher’s aides, one-on-one classroom assistants, or career counselors for.....	_____	students in 7 th through 12 th grade.
Assisted with extracurricular activities, clubs, physical education classes, physical fitness or sports programs involving.....	_____	students in 7 th through 12 th grade.
Participated in character education programs, including anti-bullying programs for.....	_____	secondary school students in schools.
Participated in character education programs, including anti-bullying programs for.....	_____	secondary school students in community settings.

ED-5. Special Education

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted in special education programs involving.....	_____	students in kindergarten through 6 ^h grade.
Assisted in special education programs involving.....	_____	students in 7 th through 12 ^h grade.

ED-6. Tutoring and Child Literacy

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Used evidence-based reading readiness programs with.....	_____	students in pre-K.
Used evidence-based reading and tutoring programs with....	_____	students in kindergarten through 6 th grade.
Used evidence-based reading and tutoring programs with....	_____	students in 7 th through 12 th grade.
Provided tutoring and support in math, science, social science, and other subjects to.....	_____	students.

ED-7. Job Preparedness/Vocational Education

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted in job skills training in.....	_____	education programs.
Assisted in job skills training for.....	_____	people.
Provided information, program enrollment, or referrals on job preparedness programs to.....	_____	people.

ED-8. Library Services

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Helped at.....	_____	libraries.
Started or operated.....	_____	bookmobiles.
Started or operated bookmobiles serving.....	_____	people.

ED-9. Cultural Heritage

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Developed and/or presented.....	_____	programs about cultural preservation and enrichment (e.g., historic preservation, oral history, museums, drama, the arts).
Developed and/or presented programs about cultural preservation and enrichment to.....	_____	people.

ED-10. ESL

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided information, program enrollment, or referrals on ESL programs to.....	_____	people.
Helped.....	_____	ESL students (from kindergarten through high school) to learn English.
Helped.....	_____	adult ESL students to learn English.

ED-11. GED/Dropouts

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>
Provided information, program enrollment, or referrals on GED programs to.....	_____ people.
Tutored.....	_____ students for their GED.

ED-12. Service Learning

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>
Reflected on their volunteer experiences and described their insights concerning service, client advocacy, social issues and their own lives by.....	_____ volunteers.
Coordinated or expanded service-learning opportunities for elementary school students in.....	_____ schools.
Coordinated or expanded services-learning opportunities for.....	_____ elementary school students.
Coordinated or expanded service-learning opportunities for middle school students in.....	_____ schools.
Coordinated or expanded services-learning opportunities for.....	_____ middle school students.
Coordinated or expanded service-learning opportunities for high school students in.....	_____ schools.
Coordinated or expanded services-learning opportunities for.....	_____ high school students.

ED-13. Adult Education and Literacy

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>
Provided literacy assistance to.....	_____ adults.
Recruited and trained.....	_____ volunteers for literacy programs.

ED-14. Other Education Services

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>
Please specify these other education services:	
(1) _____, to...	_____ people.
(2) _____, to...	_____ people.
(3) _____, to...	_____ people.

ENVIRONMENT (ENV)

ENV-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

ENV-1. Waste Reduction/Management/Recycling

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>	
Conserved, stored, treated, or disposed of.....	_____	pounds of waste.
Created or staffed.....	_____	recycling centers or neighborhood pick-up programs.
Recycled.....	_____	pounds of materials.

ENV-2. Environmental Awareness

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>	
Developed a directory of.....	_____	environmental groups.
Distributed directories of environmental groups to.....	_____	people.
Developed or participated in	_____	environmental education, information programs or presentations (e.g., awareness campaigns, environmental fairs, nature walks).
Developed or participated in environmental education, information programs or presentations attended by.....	_____	people.
Distributed environmental awareness materials to.....	_____	people.
Disseminated information or fact sheets or made presentations about environmental hazards and health to...	_____	people.

ENV-3. Clean Air

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Tested and monitored air quality in.....	_____	locations.

ENV-4. Clean and Safe Waters

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Adopted and cleaned.....	_____	beaches and streams.
Monitored.....	_____	taps for water quality.
Set up.....	_____	ground water and surface protection programs.
Tested.....	_____	wells, streams, and water tanks.

ENV-5. Energy Conservation

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Conducted information campaigns on energy saving devices reaching.....	_____	people.
Winterized and weatherized.....	_____	homes or community buildings.

ENV-6. Indoor Environment

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Cleaned up (excluding making repairs and providing housing services) for.....	_____	contaminated housing units.
Cleaned up contaminated housing units for.....	_____	people.
Tested.....	_____	buildings and homes for pollutants such as lead, radon, smoke and asbestos.

ENV-7. Wildlife, Land, and Vegetation Protection and Restoration

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Developed and/or participated in.....	_____	activities aimed at reducing wildlife mortality due to pesticides.
Participated in activities to reduce wildlife mortality affecting.....	_____	acres of wildlife habitat.
Restored or protected.....	_____	acres of degraded land.
Restored or protected.....	_____	miles of degraded land.

ENV-8. Other Environmental Services

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Please specify these other environmental services:		
(1) _____, to...	_____	people.
(2) _____, to...	_____	people.
(3) _____, to...	_____	people.

COMMUNITY AND ECONOMIC DEVELOPMENT (C)

C-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

C-1. Consumer Education

Number of RSVP Volunteers who provided these services: _____
 Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Developed and/or participated in information campaigns on consumer issues (e.g., health and life insurance, estate counseling, and consumer protection) reaching.....	_____ people.

C-2. Transportation Services

Number of RSVP Volunteers who provided these services: _____
 Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Developed and/or operated.....	_____ transportation systems.
Developed and/or operated transportation systems used by.....	_____ people.
Helped drive.....	_____ people on errands, doctor visits, or between facilities.
Helped drive people on errands, doctor visits, or between facilities for.....	_____ miles.

C-3. Community Improvement

Number of RSVP Volunteers who provided these services: _____
 Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Constructed/renovated.....	_____ playgrounds.
Constructed/renovated playgrounds used by.....	_____ children and families.
Removed trash or abandoned cars, cleaned, removed graffiti, repaired fences, and provided landscaping at.....	_____ community areas.

C-4. Community-based Volunteer Programs

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Recruited and coordinated.....	_____	RSVP volunteers.
Recruited.....	_____	non-RSVP volunteers.
Trained and coordinated.....	_____	RSVP volunteers.
Trained and coordinated.....	_____	non-RSVP volunteers.
Led team building activities for.....	_____	volunteers.

C-5. Food Production/Community Gardens/Farming

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Established, expanded, or revitalized.....	_____	acres of community gardens.
Established, expanded, or revitalized community gardens used by.....	_____	people.
Participated in.....	_____	community gardening programs, alternative crop programs, or improved food growing programs.
Participated in community gardening programs, alternative crop programs, or improved food growing programs serving.....	_____	people.
Grew.....	_____	pounds of food.
Grew food used by.....	_____	people.

C-6. Management Consulting

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Volunteer executives provided assistance to expand or improve the operation of.....	_____	private, non-profit or public agencies.
Volunteer executives provided assistance to expand or improve the operation of private, non-profit, or public agencies serving.....	_____	people.

C-7. Small and Minority Business Development

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted.....	_____	small or minority businesses.
Assisted small or minority businesses operated by.....	_____	people.

C-8. Tax Consulting/Counseling

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted or trained.....	_____	people to do their taxes.
Trained.....	_____	people to be tax counselors/preparers.
Prepared tax returns for.....	_____	people.

C-9. Thrift Store

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Organized or started.....	_____	thrift stores.
Organized or started thrift stores providing affordable goods bought by.....	_____	people.

C-10. Other Community and Economic Development Services

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Please specify these other community and economic development services:		
(1)....., to...	_____	people.
(2)....., to...	_____	people.
(3)....., to...	_____	people.

PUBLIC SAFETY (PS)

PS-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

PS-1. Safety/Fire Prevention/Accident Prevention

Number of RSVP Volunteers who provided these services:_____

Total number of RSVP Volunteer hours:_____

<u>Type of Service</u>	<u>Number</u>	
Coordinated or participated in.....	_____	safety programs (such as fire prevention, auto safety, traffic/pedestrian control programs).
Coordinated or participated in safety programs attended by.....	_____	people.

PS-2. Adult Offender/Ex-Offender Services

Number of RSVP Volunteers who provided these services:_____

Total number of RSVP Volunteer hours:_____

<u>Type of Service</u>	<u>Number</u>	
Coordinated or participated in rehabilitation services for.....	_____	adult offenders/ex-offenders.
Provided information, program enrollment or referrals on offender/ex-offender services to.....	_____	people.

PS-3. Juvenile Justice, Delinquency, Gangs

Number of RSVP Volunteers who provided these services:_____

Total number of RSVP Volunteer hours:_____

<u>Type of Service</u>	<u>Number</u>	
Coordinated or participated in rehabilitation services for.....	_____	youth offenders/ex-offenders.
Provided one-on-one support and nurturing to.....	_____	youth offenders/ex-offenders.
Served as mentors to.....	_____	youth offenders/ex-offenders.

PS-4. Crime Awareness/Crime Avoidance

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Identified.....	_____	unsafe areas.
Provided fingerprinting services to.....	_____	people.
Provided safety escort services to.....	_____	people.
Providing training in ways to avoid victimization (e.g., direct deposit, scam alerts, tourist safety) to.....	_____	people.

PS-5. Victim/Witness Assistance

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted.....	_____	crime victims.

PS-6. Community Policing/Community Patrol

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Developed or participated in.....	_____	police district patrols or citizen patrols.
Worked with.....	_____	local police and community organizations to insure safer neighborhoods.
Helped direct traffic at.....	_____	events.
Helped to trace abandoned cars, followed up with victims, or did other administrative work on behalf of.....	_____	people.
Conducted.....	_____	foot patrols.
Conducted foot patrols freeing up	_____	hours of police officer time.

PS-7. Conflict Resolution/Mediation

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Educated.....	_____	people about gang activity.
Mentored.....	_____	gang members.
Started or participated in.....	_____	peer mediation programs and youth courts.
Started or participated in peer mediation programs or youth courts serving.....	_____	juveniles.
Provided training in conflict resolution/conflict mediation techniques and violence prevention to.....	_____	people.
Provided conflict resolution assistance to.....	_____	people.

PS-8 Improvement of Household Security

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Conducted.....	_____	workshops on household safety.
Conducted workshops on household safety attended by.....	_____	people.
Conducted.....	_____	security audits and surveys.
Conducted security audits and surveys for.....	_____	households.
Installed.....	_____	new windows, door locks, or window bars.
Installed new windows, door locks, or window bars for.....	_____	households.

PS-9. Neighborhood Watch/Block Watch

Number of RSVP Volunteers who provided these services:.....
 Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Developed or participated in.....	_____	neighborhood watch programs.
Developed or participated in neighborhood watch programs serving.....	_____	people.

PS-10. Sexual Abuse/Rape

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided support to.....	_____	sexual assault/harassment victims.
Started/expanded.....	_____	shelters for sexual assault/harassment victims.
Started/expanded shelters benefiting.....	_____	sexual assault/harassment victims.
Provided sexual abuse, awareness, and self-defense training to.....	_____	people.

PS-11. Other Public Safety

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Please specify these other public safety services:		
(1)....., to...	_____	people.
(2)....., to...	_____	people.
(3)....., to...	_____	people.

HOUSING (H)

H-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

H-1. Homeless

Number of RSVP Volunteers who provided these services: _____

Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Participated in programs to help the homeless (except for housing referrals) attended by.....	_____ people.

H-2. Home Management

Number of RSVP Volunteers who provided these services: _____

Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Provided training on application processing, mortgages, taxes, upkeep and home maintenance for.....	_____ people.
Distributed information on home ownership to.....	_____ people.
Helped.....	_____ people with budgeting, financial planning, and filling out forms and bills.

H-3. Housing Referrals/Relocation/Other

Number of RSVP Volunteers who provided these services: _____

Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Obtained household furnishings for.....	_____ households.
Made housing referrals for.....	_____ people.

H-4. Housing Rehabilitation/Construction

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Helped build, repair, inspect, or rehabilitate.....	_____	homes.
Helped build, repair, inspect, or rehabilitate homes for.....	_____	people.
Recruited and supported.....	_____	volunteers for housing rehabilitation and construction.

H-5. Other Housing Services

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Please specify these other housing services:		
(1) _____, to...	_____	people.
(2) _____, to...	_____	people.
(3) _____, to...	_____	people.

DISASTER (D)

D-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

D-1. Disaster Preparedness

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>	
Participated in response, relief, recovery and mitigation during.....	_____	emergencies/fires/natural disasters.
Participated in response, relief, recovery and mitigation during emergencies/fires/natural disasters affecting.....	_____	people.
Provided natural disaster preparedness training (such as Red Cross training) to.....	_____	people.
Provided natural disaster preparedness training to.....	_____	people.
Provided information, class enrollment, or referrals on natural disaster preparedness to.....	_____	people.
Were on "on-call" lists for.....	_____	emergencies or needs.
Prepared disaster plans for.....	_____	agencies.
Gave presentations to.....	_____	groups of people attending.

D-2. Other Disaster Services

Number of RSVP Volunteers who provided these services:..... _____

Total number of RSVP Volunteer hours:..... _____

<u>Type of Service</u>	<u>Number</u>	
Please specify these other disaster services:		
(1) _____, to...	_____	people.
(2) _____, to...	_____	people.
(3) _____, to...	_____	people.

HOMELAND SECURITY (HS)

The Homeland Security area includes programs that prepare to minimize the damage and recover from any future terrorist attacks that may occur despite our best efforts at prevention. This includes programs that help to plan, equip, train, and practice the response capabilities [of] many different response units (including first responders, such as police officers, firefighters, emergency medical providers, public works personnel, and emergency management officials) ready to mobilize without warning for any emergency. This area also includes programs that will consolidate federal response plans and build a national system for incident management in cooperation with state and local government including emergency preparedness and response efforts to engage the private sector and the American people.

HS-a. Total estimated number of people who benefited: _____

Please complete those items that are relevant to your RSVP volunteers for the period October 1, 2002 through September 30, 2003.

HS-1. Disaster Preparedness

Number of RSVP Volunteers who provided these services: _____
 Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Participated in response, relief, recovery and mitigation during.....	_____ emergencies.
Participated in response, relief, recovery and mitigation during emergencies affecting.....	_____ people.
Provided homeland security training (such as Red Cross and CERTS training) to.....	_____ people.
Provided homeland security preparedness training to	_____ people.
Provided information, class enrollment, or referrals on homeland security disaster preparedness to.....	_____ people.

HS-2. Public Safety

Number of RSVP Volunteers who provided these services: _____
 Total number of RSVP Volunteer hours: _____

<u>Type of Service</u>	<u>Number</u>
Mobilized.....	_____ volunteers to assist first responders (e.g., police, fire fighters) during disasters.
Performed administrative duties so that	_____ fire departments, police departments, and other public service agencies were able to prepare and respond to emergencies.

HS-3. Public Health

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided assistance to.....	_____	medical and emergency medical personnel
Coordinated emergency supplies and established coordination links during.....	_____	emergencies.

HS-4. Homeland Security Services

Number of RSVP Volunteers who provided these services:.....

Total number of RSVP Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Made educational presentations on homeland security (e.g., Bioterrorism, terrorist attacks) to.....	_____	community groups.
Assisted individuals and families during.....	_____	disasters.
Provided support services (e.g., fundraising, answering questions, distributing food) for.....	_____	organizations involved in emergency and disaster relief.
Taught classes in safety, fire prevention, basic first aid, and/or CPR to.....	_____	adults and/or children.
Provided information and referral services during disasters and emergencies to.....	_____	people.

<u>Type of Service</u>	<u>Number</u>	
Please specify these other Homeland Security services:		
(1) _____, to...	_____	people.
(2) _____, to...	_____	people.
(3) _____, to...	_____	people.

OTHER SERVICES (OS)

Activity not included in survey	Specific activity performed by RSVP Volunteers	Number of Volunteers Performing Activity	Total Number of Hours Spent on Activity	Number of People Served by the Activity
Language Assistance	Language interpretation	8	200	16

Please add any additional information on the reverse side of this page.