

The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line**: Dial 988 (Press 1) or 1 (800) 273-8255 (Press 1), text 838255, or visit <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans (NCCHV)** by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/homeless/nationalcallcenter.asp>

We want to hear about your experience with Compassionate Contact Corps. By responding to this survey, you will directly help us improve the effectiveness of Compassionate Contact Corps for Volunteers like you. VA wants to provide Volunteers with the best experience possible!

This survey will take about 5 minutes to complete.

1. How long have you volunteered in the Compassionate Contact Corps program? [select only one choice] **Required**
 - a. Less than 3 months
 - b. 3-6 months
 - c. 7-11 months
 - d. 12 months or more

2. The Compassionate Contact Corp program has been beneficial to me as a Volunteer in the following ways: [check all that apply] **Required**
 - a. Feeling of purpose
 - b. Increased feeling of empathy for others
 - c. Feeling of value to the Veteran community
 - d. Improves my own self-esteem
 - e. Feel more socially connected

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VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans.

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to Vets-Experience@va.gov. VA will not disclose your personal information to third parties outside VA without your consent or when immediately responding to an expressed concern or need for immediate information or resources.

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3. I would recommend volunteering with Compassionate Contact Corp to a friend or family member. **Required**
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

4. I was appropriately trained on my role and scope of duties for this volunteer assignment. **Required**
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

5. I was appropriately trained on good listening skills for this volunteer assignment. **Required**

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- a. Strongly disagree
 - b. Disagree
 - c. Neither agree or disagree
 - d. Agree
 - e. Strongly agree
6. I was appropriately trained on what to do if I have concerns for a Veteran's safety in my Compassionate Contact Corps contact with Veteran(s). **Required**
- a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - f. Strongly agree
7. I feel like I would benefit from more training on the following topics [check all that apply]: **Required**
- a. CCC volunteer role and scope of duties
 - b. Good listening skills
 - c. What to do what I have concerns for a Veteran's safety
 - d. Suicide Prevention
 - f. Signs of abuse and neglect

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8. How many Veterans do you currently talk with regularly? [select only one choice]

Required

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5 or more

9. What are the benefits to you about participating in a virtual volunteer position? [check all that apply] **Required**

- a. I would not be able to volunteer in-person (e.g. due to disability caregiving demands distance)
- b. Flexibility to volunteer at a day and time that works for my schedule
- c. Amount of required time is flexible
- d. I would be concerned about volunteering in person because of COVID risks

10. What is your age? [select only one choice] **Required**

- a. <30
- b. 30-39
- c. 40-49
- d. 50-59

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- e. 60-69
- f. >=70

11. Have you or anyone close to you served in the military? [check all that apply] **Required**

- a. Yes, me
- b. Yes, a family member
- c. Yes, a close friend
- d. No

12. What is your race/ethnicity? [check all that apply] **Required**

- a. Hispanic or Latino
- b. White
- c. Black
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. American Indian or Alaska Native

13. How would you describe your gender identity? [select only one choice] **Required**

- a. Male
- b. Female

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- c. Transgender Man
- d. Transgender Woman
- e. Non-Binary/Third Gender
- f. Prefer not to say

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