

AmeriCorps Seniors Evaluation:

Volunteer Survey

FGP, SCP, RSVP PROGRAM

[Toll-free number to request an ONLINE SURVEY LINK OPTION]

Module 1: Program and Volunteer Experience

Volunteering Experience

1. When did you begin volunteering with [name of FGP / SCP / RSVP program]?

Season (Fall, Winter, Spring, Summer) _____ Year _____

[GO TO Q3]

() I don't remember **[GO TO Q2]**

2. If you cannot recall the season and year...How many years would you say you have been volunteering with the FGP / SCP / RSVP program:

- a. Less than 1 year
- b. 1 to 3 years
- c. 4 to 5 years
- d. 6 to 9 years
- e. 10 years or More

We would like to ask about your **volunteer experience with [name of FGP / SCP / RSVP]**.

3. **During the past month**, how many hours did you volunteer with [name of FGP / SCP / RSVP]? Please write the number of hours in the space below.

- a. _____ hours the past month **[GO TO Q4]**
- b. Don't remember **[GO TO Q5]**

4. Is this your typical number of hours that you volunteer?

- a. Yes
- b. No

5. What are the top 3 reasons you chose to be an FGP / SC / RSVP volunteer?

[PLEASE WRITE IN 1, 2, AND 3 NEXT TO YOUR TOP 3 CHOICES]

- a. _____ Social connection / make new friends
- b. _____ Giving back to my community
- c. _____ Earning a stipend / earn extra money
- d. _____ Learning new skills or information
- e. _____ Gaining access to employment opportunities
- f. _____ Increasing my self-confidence
- g. _____ Giving me a sense of purpose
- h. _____ Giving me a reason to leave my home

- i. Keep busy / fill my time
- j. Program has a flexible volunteer schedule and/or volunteer commitment hours
- k. Help another person / children
- l. Help communities with COVID-19 relief efforts
- m. Other – Please specify:

6. When you perform your volunteer duties, is it... **[Select all that apply]**
- a. In-person (physically present in the location where you doing your volunteer activities)?
 - b. Socially distant (physically doing volunteer duties but no face-to-face interaction with others, e.g., delivering food)?
 - c. Remote (not physically in the presence of others **and not** using technology, e.g., you are writing pen pal letters, using study-at-home packets or writing/reading packets)?
 - d. Virtual (not physically in the presence of others **and using** technology, e.g., a phone or computer)?
7. Overall, how satisfied are you with your volunteer experience?
- a. Very dissatisfied
 - b. Somewhat dissatisfied
 - c. Somewhat satisfied
 - d. Very satisfied
8. How likely are you to recommend **FGP / SCP / RSVP** to a friend?
- a. Not at all likely
 - b. Not very likely
 - c. Very likely
 - d. Extremely likely
9. Have you previously volunteered with other organizations besides **FGP / SCP / RSVP**?
- a. Yes
 - b. No
10. Do you currently volunteer with other organizations that are not part of **FGP / SCP / RSVP** ?
- a. Yes
 - b. No

Health and Psychosocial Outcomes

In this section, we will ask you some questions about your life and health in general. These questions will help the study learn about the health of volunteers.

11. How would you rate your current physical health?
- a. Poor
 - b. Fair

- c. Good
- d. Very good
- e. Excellent

12. How would you rate your memory at the present time?

- a. Poor
- b. Fair
- c. Good
- d. Very good
- e. Excellent

13. How would you rate your current mental health (i.e., emotional and psychological wellbeing)?

- a. Poor
- b. Fair
- c. Good
- d. Very good
- e. Excellent

The next questions are about **how you feel about different aspects of your outlook on life, your life, and about your health.**

This information can inform the program on how to better support you and other volunteers in serving your community.

(Mark (X) in one box for each line.)

14. The next statements are how you feel about your ability to complete a task.

(Mark (X) one box for each line.)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Prefer Not to Answer
I can do just about anything I really set my mind to.	()	()	()	()	()	()
I can do the things that I want to do.	()	()	()	()	()	()

15. The next statements are about your life and situation right now...

(Mark (X) one box for each line.)

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know	Prefer Not to Answer
How satisfied are you with the city or town you live in?	()	()	()	()	()	()

How satisfied are you with your daily life and leisure activities?	()	()	()	()	()	()
How satisfied are you with your family life?	()	()	()	()	()	()
How satisfied are you with your present financial situation?	()	()	()	()	()	()
How satisfied are you with your health?	()	()	()	()	()	()
How satisfied are you with your life-as-a-whole these days?	()	()	()	()	()	()

16. The next questions reflect people's thoughts and feelings. Please answer how you feel about each question.

(Mark (X) one box for each line.)

	Often	Some of the time	Hardly Ever or Never	Don't Know	Prefer not to Answer
How much of the time do you feel that you are alone?	()	()	()	()	()
How much of the time do you feel that you lack companionship?	()	()	()	()	()
How much of the time do you feel left out?	()	()	()	()	()
How much of the time do you feel isolated from others?	()	()	()	()	()
How much of the time do you feel that there are people you feel close to?	()	()	()	()	()
How much of the time do you feel that there are people you can turn to?	()	()	()	()	()

Stipend, Benefits, and Income

In this section, we will ask you some questions about the stipend and benefits you receive as a volunteer, and about your income.

[NOTE: Questions 17 through 19 are only asked to FGP and SCP volunteers]

17. How important was the stipend in your decision to become a volunteer?

- a. Not at all important
- b. Somewhat important
- c. Very Important
- d. Extremely important

18. How satisfied are you with the amount of the stipend?

- a. Very dissatisfied
- b. Somewhat dissatisfied
- c. Somewhat Satisfied
- d. Very Satisfied

19. How do you use the stipend? **[SELECT ALL THAT APPLY]**

- a. Purchase food
- b. Help pay some utility bills (e.g., electricity, gas, water, telephone, internet, etc.)
- c. Help pay for housing
- d. Purchase clothing
- e. Purchase medications
- f. Help cover some of my cost for healthcare or home care
- g. Pay for transportation (e.g., car payments, gas, bus fare, etc.)
- h. Help pay for debt (e.g., credit card debt, mortgage debt)
- i. Purchase gifts or supporting friends or family
- j. Make charitable contributions
- k. Purchase supplies and materials I need to volunteer
- l. Other – Please specify:

20. Do you currently receive any benefits for volunteering (e.g., supplemental health insurance, supplemental accident, and liability insurance)?

- a. Yes
- b. No **[SKIP to Question 22]**
- c. Don't know **[SKIP to Question 22]**
- d. Don't remember **[SKIP to Question 22]**

21. How satisfied are you with the benefits?

	Very dissatisfied	Somewhat dissatisfied	Somewhat Satisfied	Very satisfied	Do Not Receive Benefit
Supplemental health insurance.	()	()	()	()	()
Supplemental accident and liability insurance while in service.	()	()	()	()	()

22. Besides a stipend, what are 3 benefits that would be helpful to keep you as a volunteer? **[PLEASE WRITE IN 1, 2, AND 3 NEXT TO YOUR TOP 3 CHOICES]**

- a. _____Transportation reimbursement
- b. _____Meal vouchers

- c. ____ Pay for additional trainings, educational or self-improvement programs
- d. ____ Trainings related to my volunteering activities
- e. ____ Volunteer recognition events
- f. ____ Social or networking opportunities with other volunteers
- g. ____ Other: Please specify:

23. How well does this statement describe you or your situation?

This statement describes me ...

	Completely	Very well	Somewhat	Very little	Not at all
Because of my money situation, I feel like I will never have the things I want in life	()	()	()	()	()
I am just getting by financially	()	()	()	()	()
I am concerned that the money I have or will save won't last	()	()	()	()	()

24. How often does this statement apply to you?

This statement applies to me ...

	Always	Often	Sometimes	Rarely	Never
I have money left over at the end of the month	()	()	()	()	()
My finances control my life	()	()	()	()	()

25. During the last 30 days, have you had enough money to do the following? **(Mark (X) one box for each line.)**

	Yes	No	Not Applicable	Prefer not to Answer
Pay rent or mortgage	()	()		
Pay utility bills (e.g., electricity, gas, water, phone, internet, etc.)	()	()		
Heat or cool your home	()	()		
Purchase necessary clothing	()	()		
Purchase prescription medications	()	()		
Cover the cost of healthcare or home care	()	()		
Buy food	()	()		
Cover transportation costs	()	()		

[NOTE: Question 26 ONLY asked to FGP and SCP volunteers]

26. What is the best stipend amount AmeriCorps Seniors could provide you?
\$ _____ per month

Why is this the best amount for the stipend?

[NOTE: Question 27 ONLY asked to RSVP volunteers]

27. If you could receive a stipend for volunteering with AmeriCorps Seniors, how much should the stipend be? \$ _____ per month

Why is this the right amount for the stipend?

Training and Service Delivery

28. How do you participate in trainings your station provides?

[SELECT ALL THAT APPLY]

- a. In-person (physically present at a training location)
- b. Remote (not physically present at a training location and not using technology, e.g. using study-at-home packets or manuals, or reading)
- c. Virtual (not physically present at a training location and using technology, e.g. a phone or computer)

29. How satisfied were you with the training?

- a. Very dissatisfied
- b. Somewhat dissatisfied
- c. Somewhat satisfied
- d. Very satisfied

30. Please select the option(s) that shows your preference(s). **I prefer to volunteer**

[SELECT ALL THAT APPLY]

- a. In-person (physically present in the location where I am doing my volunteer activities).
- b. Socially distant (physically go to a location where I will do my volunteer activities but no face-to-face interaction with others, e.g. delivering food).
- c. Remote (I use technology and I do not physically go to a specific location to do my volunteer activities, e.g., using study-at-home packets or writing/reading packets).
- d. Virtual (I use technology (phone or computer) and I do not physically go to a specific location (e.g., stay home)).

31. Please choose the option that applies to you. I currently do my volunteer activities... **[SELECT ALL THAT APPLY]**

- a. In-person (physically present in the location where I am doing my volunteer activities). **[SKIP to SERVICE ACTIVITIES AND COMMUNITY ENGAGEMENT SECTION]**
- b. Socially distant (physically go to a location where I will do my volunteer activities but no face-to-face interaction with others, e.g., delivering food). **[SKIP to SERVICE ACTIVITIES AND COMMUNITY ENGAGEMENT SECTION]**
- c. Remote (I use technology and I do not physically go to a specific location to do my volunteer activities, e.g., using study-at-home packets or writing/reading packets).
- d. Virtual (I use technology (phone or computer) and I do not physically go to a specific location (e.g., stay home)).

32. Are you satisfied with doing volunteer services remotely/virtually?

- a. Very dissatisfied
- b. Somewhat dissatisfied
- c. Somewhat satisfied
- d. Very satisfied

33. Overall, how easy or difficult has it been to use technology to communicate virtually with clients (e.g., hardware such as a computer or smartphone, and software programs such as Zoom or FaceTime)?

- a. Very difficult
- b. Somewhat difficult
- c. Somewhat easy
- d. Very easy
- e. Not applicable to me

34. What has made it challenging to engage with clients virtually using technology like a phone or computer? **[SELECT ALL THAT APPLY]**

- a. I don't have consistent access to the proper equipment (e.g., computer, smartphone, landline telephone)
- b. I don't have reliable internet connection
- c. I don't like using technology to communicate with clients
- d. I find it physically difficult to use the technology (e.g., poor eyesight, poor hearing, joint pain, cognitive difficulties)
- e. I have not received sufficient guidance or training on how to use the technology
- f. Other reason, please explain:

- g. It is not challenging to engage with clients virtually using technology
- h. I have not engaged with clients virtually using technology

35. What has made it easier to engage with clients virtually using technology (e.g., computer or smartphone, and software programs like Zoom or FaceTime)? **[SELECT ALL THAT APPLY]**

- a. I had prior experience using the technology before I joined **FGP / SCP / RSVP**

- b. I am personally interested in learning how to use the technology
- c. I have received sufficient guidance or training on how to use the technology
- d. Other people such as family, friends, or colleagues have helped me use the technology
- e. Other reason, please explain: _____
- f. Nothing has made it easier for me to use the technology
- g. I have not engaged with clients virtually using technology

Service Activities and Community Engagement

[Note: For Question 36. Volunteers will only see the list of activities for their program –FGP/SCP/RSVP]

36. Please check the volunteer activities you do...

For FGP volunteers

Please check the volunteer activities you do.

Activity	Check if YES
a. Tutoring	()
b. Mentoring	()
c. Supporting out-of-school time programs	()
d. Family involvement	()
e. Providing assistance and comfort to others	()
f. Providing GED education	()
g. Counseling/coaching	()
h. Supporting childcare activities	()
i. Other – Please Specify _____	()
j. Other – Please Specify _____	()

For SCP volunteers

Please check the volunteer activities you do.

Activity	Check if YES
a. Providing companionship	()
b. Providing support on nutrition/food programs	()
c. Supporting legal services	()
d. Assisting with household chores and grocery shopping	()
e. Assisting with transportation	()
f. Assisting with medical and other appointments	()
g. Providing counseling on fraud and scam prevention	()
h. Providing respite services to caregivers	()
i. Providing referrals to obtain resources (such as transportation, social services – food programs, medical, financial resources)	()
j. Supporting services for individuals with disabilities and special needs	()
k. Other – Please Specify_____	()
l. Other – Please Specify_____	()

For RSVP volunteers

Please check the volunteer activities you do.

Activity	Check if YES
a. Tutoring	()
b. Mentoring	()
c. Assisting in literacy programs	()
d. Supporting pen pal programs	()
e. Being a project leader	()
f. Providing trainings	()
g. Providing Pro bono work/services for non-profits	()
h. Managing donations	()
i. Providing independent living services to clients	()
j. Providing respite services to caregivers	()
k. Providing companionship	()
l. Supporting food programs (free lunch meals)	()
m. Supporting food bank programs	()
n. Supporting disaster preparation, response, recovery, or mitigation work	()
o. Providing financial literacy education	()
p. Assisting with financial fraud prevention	()
q. Assisting with tax preparation	()
r. Assisting with housing unit repair	()
s. Assisting in housing placement/assistance	()
t. Providing job training and placement support	()
u. Providing GED education	()
v. Supporting childcare activities	()
w. Other – Please Specify_____	()

x. Other – Please Specify _____	()
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37. Where do you currently provide your volunteer service activities? **[SELECT ALL THAT APPLY]**

- a. Elementary/Middle schools – public
- b. Elementary/Middle schools – private
- c. High schools – public
- d. High schools – private
- e. Early education centers
- f. Hospitals
- g. Juvenile correctional institutions
- h. Childcare centers
- i. Libraries
- j. Home of the adult or older adult
- k. Adult daycares
- l. Senior Centers
- m. Food banks
- n. Social Service programs
- o. Health/medical centers
- p. Other non-profit organizations
- q. Other 1– Please describe: _____
- r. Other 2– Please describe: _____

38. Aside from your volunteer activities through **[FGP / SCP / RSVP]**, how else have you engaged with the community you serve? **[SELECT ALL THAT APPLY]**

- a. Attending local events
- b. Participating in local government meetings (e.g., town halls)
- c. Participating in local community organizations (e.g., school, religious, issue-based, recreational)
- d. Networking with other individuals/organizations/partners
- e. Collaborating with others to solve community problems
- f. Voting in local elections
- g. Staying informed about local news and public issues
- h. Donating money or goods to local causes
- i. Discussing political, societal, or local issues with others
- j. Informally helping/doing favors for others (e.g., house sitting, watching neighbor's children, lending tools)
- k. Other, please describe _____

Recruitment and Retention

39. How did you learn about **[FGP / SCP / RSVP]**? **[SELECT ALL THAT APPLY]**

- a. I volunteered before with AmeriCorps Seniors
- b. From another **[FGP/SCP/RSVP]** volunteer
- c. Told by a friend
- d. Word of mouth
- e. Direct mailing (letters)
- f. Community outreach talks

- g. TV advertisement
- h. Public interest articles
- i. Internet (e.g., Facebook, Google Ad, YouTube)
- j. Church
- k. Printed brochure or poster
- l. From AmeriCorps Seniors advertising
- m. Another method (please explain):

- n. Don't remember

40. Over the next 6 months, how likely are you to continue volunteering for **FGP / SCP / RSVP?**

- a. Very unlikely
- b. Somewhat unlikely
- c. Somewhat likely
- d. Very likely

Volunteer Satisfaction

The next few questions ask about your satisfaction with the **FGP / SCP / RSVP** experience.

41. For each of the next few statements, how satisfied are you about...

(Mark (X) one box for each line.)

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
Getting help with my volunteer activities when I need it.	()	()	()	()
My relationship with FGP / SCP / RSVP staff.	()	()	()	()
The feedback I receive on my performance as a volunteer	()	()	()	()
The flow of communication from FGP / SCP / RSVP staff	()	()	()	()
How often the program acknowledges the work I do.	()	()	()	()
The progress that I have seen among the clients served by my program.	()	()	()	()
The difference I make as a volunteer.	()	()	()	()
The opportunities I have to learn new skills.	()	()	()	()
The chance I have to utilize my knowledge and skills.	()	()	()	()
The friendships I have made	()	()	()	()

while volunteering here.				
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42. What have you enjoyed the most about your volunteer experience?

- a. Please write in: _____

- b. Don't know
- c. Prefer not to answer

Covid-19

March 11, 2020, was the official date that Covid-19 was declared a pandemic. This announcement marked the start of many restrictions including mask mandates in most cities and states, school closure, working from home and remotely, and the interruption of air travel. These restrictions would last at least a year or more, depending on location.

This section asks about your volunteer experience at the start and during the declaration of the Covid-19 pandemic.

43. Were you a volunteer with [FGP / SCP /RSVP] before March 2020?

- a. Yes
- b. No [SKIP TO - DEMOGRAPHICS SECTION]
- c. Don't remember [SKIP TO - DEMOGRAPHICS SECTION]

44. Approximately how many hours per month did you typically volunteer before March 2020?

- a. _____ hours per month
- b. Don't remember

45. During the Covid-19 pandemic, did you continue to volunteer with your station?

- a. Yes
- b. No, my station closed so I could not volunteer there [SKIP TO - DEMOGRAPHICS SECTION]
- c. No, I was concerned about the pandemic so I stopped volunteering there [SKIP TO - DEMOGRAPHICS SECTION]
- d. Don't remember [SKIP TO- DEMOGRAPHICS SECTION]

46. Which of the following measures did your station implement in response to Covid-19 (at any point during the pandemic)? [SELECT ALL THAT APPLY]

- a. Suspended in-person activities
- b. Social distancing
- c. Masking/face covering
- d. Covid-19 testing
- e. Covid-19 vaccination
- f. Fever screening or other symptom screening
- g. Installed physical barriers to reduce close contact
- h. Reduced maximum occupancy (i.e. the number of people allowed inside)

- i. Reduced in-person volunteering hours (when in-person activities were allowed)
- j. Rigid scheduling of in-person volunteer activities
- k. Remote/virtual volunteer activities (not physically present with clients and not physically present at the station)
- l. Mix of in-person and remote/virtual volunteer activities
- m. Implemented new volunteer activities (i.e., activities that were not available before)
- n. Nothing changed – continued doing the same in-person activities
- o. Other (please specify): _____

47. How satisfied were you (as a whole) with the adjustments your station made in response to COVID-19?

- a. Very dissatisfied
- b. Dissatisfied
- c. Satisfied
- d. Very satisfied
- e. No adjustments were made

48. In your own words, could you share what **your service experiences were because of Covid-19?**

49. Have you had or do you now have COVID-19?

- 1. YES, I was tested
- 2. PROBABLY YES (I THINK SO), I was not tested
- 5. NO **[SKIP TO – DEMOGRAPHICS SECTION]**
- 6. PROBABLY NO (I DON'T THINK SO), I have not been tested **[SKIP TO – DEMOGRAPHICS SECTION]**
- 7. NOT SURE **[SKIP TO – DEMOGRAPHICS SECTION]**
- 8. DON'T KNOW **[SKIP TO – DEMOGRAPHICS SECTION]**
- 9. REFUSE **[SKIP TO – DEMOGRAPHICS SECTION]**

50. Are you experiencing any long-term health effects from COVID-19 infection?

- a. Yes
- b. No
- c. Don't Know

Module 2: Former Volunteers

[NOTE: Question 51 ONLY asked to FGP and SCP volunteers]

51. If your stipend was increased, how likely would you have continued to volunteer?

- a. Not at all likely
- b. Somewhat likely

- c. Very likely
- d. Extremely likely

[NOTE: Question 52 ONLY asked to RSVP volunteers]

52. If you had received a stipend from AmeriCorps Seniors, how likely would you have continued to volunteer?

- a. Not at all likely
- b. Somewhat likely
- c. Very likely
- d. Extremely likely

53. How much did each of the following reasons contribute to your decision to stop volunteering with **FGP / SCP / RSVP**? (Mark (X) one box for each line.)

	Not at all	A little	A lot	A great deal
I developed some health problems.	()	()	()	()
I moved.	()	()	()	()
I did not feel I was helping other people.	()	()	()	()
I was not earning extra money.	()	()	()	()
I did not have enough time.	()	()	()	()
I was not meeting new friends.	()	()	()	()
The stipend was not enough.	()	()	()	()
I was not getting the experience I wanted.	()	()	()	()
I was not making a difference.	()	()	()	()
I needed to care for a sick or frail family member or friend on a regular basis.	()	()	()	()
I was concerned about COVID-19 infection.	()	()	()	()
I did not like remote volunteering (not physically present with clients and not using technology, e.g. using study-at-home packets or manuals, or reading).	()	()	()	()
I was not comfortable using the technology for virtual volunteering (not physically present with clients and using technology).	()	()	()	()
Other reason (please specify below)	()	()	()	()

Other reason: _____

Please answer the following questions to help us understand about you and AmeriCorps Seniors volunteers generally.

54. When were you born?

Please enter two digits in month and four digits in year (e.g., 01 for January)

Month: [][]

Year: [][][][]

55. Do you consider yourself of Hispanic or Latino origin?

- a. Yes
- b. No

56. What race(s) do you identify most closely with? **[SELECT ALL THAT APPLY]**

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

57. Are you: **[SELECT ALL THAT APPLY]**

- a. Male
- b. Female
- c. Prefer not to answer

58. What is your current marital status?

- a. Never married
- b. Married / Partnered
- c. Divorced / Separated
- d. Widowed
- e. Other – Please describe:

- f. Prefer not to answer

59. What is the highest grade of school you completed?

- a. No formal education
- b. Grades 1-11
- c. Grade 12 (High School Diploma or GED)
- d. Some College
- e. Associate's Degree
- f. Bachelor's Degree/College Graduate
- g. Some graduate school
- h. Completed a graduate/professional degree
- i. Other – Please describe: _____
- j. I don't know

k. I prefer not to answer

60. Are you currently employed?

- a. Yes, full time
- b. Yes, part time
- c. No, retired
- d. No, currently unemployed/seeking employment
- e. No, I have a disability
- f. Other, please specify: _____

61. Do you serve as someone's primary caregiver?

- a. Yes
- b. No
- c. Don't Know

62. Have you served in the military?

- a. Yes
- b. No

63. Do you generally live alone or with others?

- a. Live alone **[SKIP to Question 65]**
- b. Live with others
- c. Prefer not to answer **[SKIP to Question 65]**

64. Including yourself, how many people live in your household? Please write the number in the space below.

- a. _____
- b. Prefer not to answer

65. How many children do you have? Please write the number of children in the space below.

- a. Number of children:

- b. No children **[SKIP to Question 67]**
- c. Prefer not to answer **[SKIP to Question 67]**

66. Do any of your children live within 10 miles of you?

- a. Yes
- b. No
- c. Prefer not to answer

67. Which category best describes your total annual household income?

- a. Less than or equal to \$20,000 **[SKIP to End of Survey]**

- b. Greater than \$20,000
- c. Don't know **[SKIP to End of Survey]**
- d. Prefer not to answer **[SKIP to End of Survey]**

[NOTE: Question 65 ONLY asked to FGP and SCP volunteers]

68. IF MORE THAN \$20,000: Would you say it is.....

- a. Greater than \$20,000 but no more than \$30,000
- b. Greater than \$30,000 but no more than \$40,000
- c. More than \$40,000
- d. Don't know
- e. Prefer not to answer

[NOTE: Question 66 ONLY asked to RSVP volunteers]

69. IF MORE THAN \$20,000: Would you say it is.....

- a. Greater than \$20,000 but no more than \$30,000
- b. Greater than \$30,000 but no more than \$40,000
- c. Greater than \$40,000 but no more than \$50,000
- d. Greater than \$50,000 but no more than \$60,000
- e. Greater than \$60,000 but no more than \$70,000
- f. Greater than \$70,000 but no more than \$80,000
- g. More than \$80,000
- h. Don't know
- i. Prefer not to answer

[End of Survey]

Thank you again for taking the time to participate in the AmeriCorps Seniors survey. The JBS evaluation team will only use your responses for research and statistical purposes

Just to make sure that you receive your gift card, could you provide your contact information.

First Name: _____
Last Name: _____
Street Address: _____

City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. A Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. The public reporting burden for this voluntary collection of information is estimated to at 30 minutes per response, including time reviewing and completing the collection of information. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to AmeriCorps Information Collection Clearance

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Officer, 250 E Street, SW, Washington, DC 20024. Note: Please do not return the completed survey to this address, however.