**Tasking Volunteer Activity**

|  |  |
| --- | --- |
|  | **Number of** |
| How many steps did you take? |  |
| How many TTO’s did you take? |  |
| How many telephone calls did you take? Or Make? |  |
| **How many patient’ contacts were completed during this Task**  |
| ✓ | Number of patients escorted/accompanied  |  |
| ✓ | Helped with Refreshments  |  |
| ✓ | Befriended |  |
| ✓ | Other Task (please advise):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**This form helps us to measure the impact of our Responder Service.**

 **Thank you**

Office Use: Input by \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/2021

|  |
| --- |
| **If you would like to give feedback, we can use this to help us make improvements and evaluate our Volunteer Responder Service** |
| What did you like about this task?  |
| Was there anything you didn’t like about this task?  |
| Was there anything you think could have been better? Such as instructions (did you have enough information to carry out this tasks efficiently) |
| Did you feel confident in being able to carry out this task? Please give details if you were notYES 🞐  No 🞐 |
| Did you feel that you were helping free staff time? Provide details if you wish |
| Did you find the patients were comfortable with your support? Provide details if you wish |
| Would you like to complete this Task again?  YES 🞐  No 🞐  Provide details here if you wish  |