

# Care Facility Questionnaire

Dear Activity Director:

We request the following information to facilitate our efforts to assist you in your volunteer needs. Thank you sincerely for your consideration.

Activity Director's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

- 1) Average number of residents in your facility? \_\_\_\_\_
- 2) Average percentage of men compared to women in your facility? \_\_\_\_\_
- 3) How many residents do you have that could benefit from daily one-on-ones? \_\_\_\_\_
- 4) How many volunteers do you currently average a day? \_\_\_\_\_
- 5) Considering your staff and facility situation, how many volunteers would you **like** to average every day? \_\_\_\_\_

6) What activities do you currently do in your facility (please be specific)?  
 (Include how many volunteers you have to actually help with each activity and how many you would like to have for each activity.)

Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____

7) If you had the volunteers, what activities would you like to do that you cannot do now?  
 (Include how many volunteers each activity would require.)

New Activity _____	Vols. Needed _____
New Activity _____	Vols. Needed _____
New Activity _____	Vols. Needed _____
New Activity _____	Vols. Needed _____

Comments: \_\_\_\_\_

Please mail to: Christian Concourse Ministries, Inc., 1543 Norcova Ave., Norfolk, VA 23502  
 For Info Call: (757) 714-3133 **Thank You!**