

SCHEDULE FOR SENIORS IN CYBERSPACE PROGRAM

Month	Number of Residents accessing the internet	Names of Resident	Name of Volunteer supporting resident	Day and Time of Program

Skills training areas:	Number of Residents	Names of Residents
Searching web sites		
Learning about email		
Sending / receiving email		
Learning word processing		

SENIORS IN CYBERSPACE PROGRAM - PROGRAM EVALUATION

Volunteer Name	Telephone No.	Date Matched	Resident Partner	Feedback from volunteer

Are there Residents who are waiting to be matched with volunteers? ___ Yes ___ No How many? ___ Residents

Names of Residents waiting to be matched _____

Are there sufficient volunteers for this program? ___ Yes ___ No Comments _____

Have volunteers accessed the on-line Seniors in Cyberspace training _____

List additional training that volunteers will require _____

Was volunteer orientation provided to volunteers? ___ Yes ___ No

List additional requirements for future orientations _____

In what areas might more training be required or useful? _____

How has the program made a difference in activation programming for the residents? _____

What specific needs are required to continue this program in your residence? _____

SENIOR RESIDENT EVALUATION FORM (To be completed with Volunteer Coordinator at Program Location)

1. What do you like about Seniors in Cyberspace?

2. What do you not like about the program?

3. What do you like to do on the computer?

4. How can your volunteer help you learn more? _____

5. Do you think *you* need volunteer assistance to continue or will you be able to work on your own?

SENIORS IN CYBERSPACE - VOLUNTEER EVALUATION

1. Please rate the training provided for the Seniors in Cyberspace program:

1 inadequate

2 adequate

3 good

4 excellent

2. Has this program meet your objectives and expectations? ____yes ____no

Please provide details _____

3. How can we improve our training program? _____

4. How can we improve our volunteer coordination and placement process? _____

5. What have you learned from being involved in this program? _____

6. What should we do differently? _____

Name (optional) _____ Telephone _____

please call me to discuss this

VOLUNTEER EXIT QUESTIONNAIRE

Volunteer name: _____ Telephone: _____ Date: _____ Location: _____

1. Please tell us the reasons why you have decided not to be involved in the program.

2. How many on-line training modules did you read? _____

3. Do you feel that the training prepared you for your placement? _____yes _____no

Why? _____

4. What did you teach your senior partner during your volunteer placement? _____

5. What suggestions would you offer to the next Internet Coach volunteering with your senior partner?

6. How did your involvement benefit your senior partner? _____

7. Tell us how our staff supported you in your volunteer position _____

8. Tell us how we could have made your volunteer position better _____
