NAME: Barbara Ailes Date: 2/14/26

Land of Sky Senior Companion Program Volunteer Impact Survey 2026

Thank you for completing this annual survey. The results help us improve the program. You may remain anonymous, if you choose. Please return as soon as possible.

Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

✓ **1.** Food
✓ **2.** Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
✓ **3.** Housing (which could include rent, mortgage, property taxes, insurance, utilities)
✓ **4.** Car expenses (which could include car loans, gas, repairs)
___ **5.** Other

Which EXPENSE would be most affected if you did not receive the stipend? # medical

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	**SOMEWHAT IMPROVED**	**IMPROVED**	**NO CHANGE**	**WORSE**

Please CIRCLE the answer that best represents your experience of working with SCP:

Are you satisfied with your current Senior Companion **assignments**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **support** you receive from the SCP staff currently?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with your Senior Companion **Program Manager**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **In-Service training** you receive?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Topics you would like to see included in upcoming In-Service Trainings? Grant writing
Tai Chi so we can stay fit.
Accupuncture points for pains

Overall, please tell us how satisfied you are with your Senior Companion experience:

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

IMPACT Question: PLEASE tell us WHAT has changed for you since joining this program. What are the benefits to you for serving other older adults? A sentence or story would be helpful to impress upon our FUNDERS why this program is important and needs adequate funding. Quotes and stories can make a difference when writing grants! Add a page if needed.

My experience with working with the Senior Companion I had a 97 yr. old who lived by herself depended on friend and people in the community I would do 10-15 hrs with her and also checked on her even on the weekend. But on one weekend I called to see if she need anything there was no answer. So that Monday morning I was on my way to my montly meeting at Senior Companion I decide to go by her house. But there was no answer (OVER)

Thank you for completing this survey. If there is anything you would like to discuss with the Senior Companion Manager, please feel free to call Dee directly at 828-251-7443.

I knew she didn't go anywhere so I knew where she kept her spare key. I went in and found her in the floor in pain she had no way of reaching her phone or Life alert button which had fallen off her neck once she fell. I call 911 waited for them to come. Call my manger at Senior Companion and told her I was going to the hospital with my client because she had no family here. I wouldn't be in my meeting. I stayed until they admitted her in the hospital room. They had to do an emevency surgery on her hip. She was so weak at her age after a week in the hospital that sent her to a nursing home she lived 3day because of blood clots because she was not able to get up and walk to keep the blood flowing. This is why I know that the Senior Companion program is a good program and the funds that are granded to the program you can see all the volunteers doing a great job in the community.

NAME: Dorothy Baker Date: 2/16/26

Land of Sky Senior Companion Program Volunteer Impact Survey 2026

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Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

- ✓ **1.** Food
- ✓ **2.** Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
- ✓ **3.** Housing (which could include rent, mortgage, property taxes, insurance, utilities)
- ✓ **4.** Car expenses (which could include car loans, gas, repairs)
- ✓ **5.** Other

Which EXPENSE would be most affected if you did not receive the stipend? # Car

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	**SOMEWHAT IMPROVED**	**IMPROVED**	**NO CHANGE**	**WORSE**

Please CIRCLE the answer that best represents your experience of working with SCP:

Are you satisfied with your current Senior Companion **assignments**?

Very Satisfied	**Somewhat Satisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Dissatisfied**	**Very Dissatisfied**

Are you satisfied with the **support** you receive from the SCP staff currently?

Very Satisfied	**Somewhat Satisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Dissatisfied**	**Very Dissatisfied**

Are you satisfied with your Senior Companion **Program Manager**?

Very Satisfied	**Somewhat Satisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Dissatisfied**	**Very Dissatisfied**

Are you satisfied with the **In-Service training** you receive?

Very Satisfied	**Somewhat Satisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Dissatisfied**	**Very Dissatisfied**

Topics you would like to see included in upcoming In-Service Trainings? _____

_____

_____

Overall, please tell us how satisfied you are with your Senior Companion experience:

Very Satisfied	**Somewhat Satisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Dissatisfied**	**Very Dissatisfied**

IMPACT Question: PLEASE tell us WHAT has changed for you since joining this program. What are the benefits to you for serving other older adults? A sentence or story would be helpful to impress upon our FUNDERS why this program is important and needs adequate funding. Quotes and stories can make a difference when writing grants! Add a page if needed.

To know that someone needs you and you can help them in anyway that you can, and you could put a smile on their face.

Thank you for completing this survey. If there is anything you would like to discuss with the Senior Companion Manager, please feel free to call Dee directly at 828-251-7443.

NAME: GAIL E. BROWN Date: 02-16-26

Land of Sky Senior Companion Program Volunteer Impact Survey 2026

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Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being STAFF AT Land of Sky	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

___ **1.** Food
___ **2.** Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
___ **3.** Housing (which could include rent, mortgage, property taxes, insurance, utilities)
X **4.** Car expenses (which could include car loans, gas, repairs)
X **5.** Other Utilities Etc. Spectrum Internet & Cable Cell Phones

Which EXPENSE would be most affected if you did not receive the stipend? # _____

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	SOMEWHAT IMPROVED	IMPROVED	NO CHANGE	WORSE

Please CIRCLE the answer that best represents your experience of working with SCP:

Are you satisfied with your current Senior Companion **assignments**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **support** you receive from the SCP staff currently?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with your Senior Companion **Program Manager**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **In-Service training** you receive?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Topics you would like to see included in upcoming In-Service Trainings? _____

_____

_____

Overall, please tell us how satisfied you are with your Senior Companion experience:

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

IMPACT Question: PLEASE tell us WHAT has changed for you since joining this program. What are the benefits to you for serving other older adults? A sentence or story would be helpful to impress upon our FUNDERS why this program is important and needs adequate funding. Quotes and stories can make a difference when writing grants! Add a page if needed.

To know that someone needs you and you can help them in anyway that you can, and you could put a smile on their face.

Thank you for completing this survey. If there is anything you would like to discuss with the Senior Companion Manager, please feel free to call Dee directly at 828-251-7443.

NAME: Rose Goggans Date: 2/17/2025

Land of Sky Senior Companion Program Volunteer Impact Survey 2025

Thank you for completing this annual survey. The results help us improve the program. You may remain anonymous, if you choose. Please return as soon as possible.

Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

✓ **1.** Food
___ **2.** Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
✓ **3.** Housing (which could include rent, mortgage, property taxes, insurance, utilities)
✓ **4.** Car expenses (which could include car loans, gas, repairs)
___ **5.** Other

Which EXPENSE would be most affected if you did not receive the stipend? # 3 + 4

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	**SOMEWHAT IMPROVED**	**IMPROVED**	**NO CHANGE**	**WORSE**

NAME: Rose Goggans Date: 2/17/2025

Land of Sky Senior Companion Program Volunteer Impact Survey 2025

Thank you for completing this annual survey. The results help us improve the program. You may remain anonymous, if you choose. Please return as soon as possible.

Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

✓ **1.** Food
___ **2.** Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
✓ **3.** Housing (which could include rent, mortgage, property taxes, insurance, utilities)
✓ **4.** Car expenses (which could include car loans, gas, repairs)
___ **5.** Other

Which EXPENSE would be most affected if you did not receive the stipend? # 3 + 4

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	**SOMEWHAT IMPROVED**	**IMPROVED**	**NO CHANGE**	**WORSE**

Please CIRCLE the answer that best represents your experience of working with SCP:

Are you satisfied with your current Senior Companion **assignments**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **support** you receive from the SCP staff currently?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with your Senior Companion **Program Manager**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **In-Service training** you receive?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Topics you would like to see included in upcoming In-Service Trainings? I am Happy

Overall, please tell us how satisfied you are with your Senior Companion experience:

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

IMPACT Question: PLEASE tell us WHAT has changed for you since joining this program. What are the benefits to you for serving other older adults? A sentence or story would be helpful to impress upon our FUNDERS why this program is important and needs adequate funding. Quotes and stories can make a difference when writing grants! Add a page if needed.

Thank you for completing this survey. If there is anything you would like to discuss with the Senior Companion Manager, please feel free to call Dee directly at 828-251-7443.

NAME: Diane Logan Date: 2/16/2026

Land of Sky Senior Companion Program Volunteer Impact Survey 2026

Thank you for completing this annual survey. The results help us improve the program. You may remain anonymous, if you choose. Please return as soon as possible.

Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

- ✓ **1**. Food
- ✓ **2**. Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
- ✓ **3**. Housing (which could include rent, mortgage, property taxes, insurance, utilities)
- ✓ **4**. Car expenses (which could include car loans, gas, repairs)
- ___ **5**. Other

Which EXPENSE would be most affected if you did not receive the stipend? #Some Meds

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	**SOMEWHAT IMPROVED**	**IMPROVED**	**NO CHANGE**	**WORSE**

Please CIRCLE the answer that best represents your experience of working with SCP:

Are you satisfied with your current Senior Companion **assignments**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **support** you receive from the SCP staff currently?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with your Senior Companion **Program Manager**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **In-Service training** you receive?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Topics you would like to see included in upcoming In-Service Trainings? _____

_____

_____

Overall, please tell us how satisfied you are with your Senior Companion experience:

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

IMPACT Question: PLEASE tell us WHAT has changed for you since joining this program. What are the benefits to you for serving other older adults? A sentence or story would be helpful to impress upon our FUNDERS why this program is important and needs adequate funding. Quotes and stories can make a difference when writing grants! Add a page if needed.

Staying Busy, and getting out of the House

Thank you for completing this survey. If there is anything you would like to discuss with the Senior Companion Manager, please feel free to call Dee directly at 828-251-7443.

NAME: Minnie Sullivan Date: 2-16-26

Land of Sky Senior Companion Program Volunteer Impact Survey 2026

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Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

✓ **1**. Food
✓ **2**. Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
✓ **3**. Housing (which could include rent, mortgage, property taxes, insurance, utilities)
___ **4**. Car expenses (which could include car loans, gas, repairs)
✓ **5**. Other

Which EXPENSE would be most affected if you did not receive the stipend? # _____

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	**SOMEWHAT IMPROVED**	**IMPROVED**	**NO CHANGE**	**WORSE**

Please CIRCLE the answer that best represents your experience of working with SCP:

Are you satisfied with your current Senior Companion **assignments**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **support** you receive from the SCP staff currently?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with your Senior Companion **Program Manager**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **In-Service training** you receive?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Topics you would like to see included in upcoming In-Service Trainings? _____

_____

_____

Overall, please tell us how satisfied you are with your Senior Companion experience:

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

IMPACT Question: PLEASE tell us WHAT has changed for you since joining this program. What are the benefits to you for serving other older adults? A sentence or story would be helpful to impress upon our FUNDERS why this program is important and needs adequate funding. Quotes and stories can make a difference when writing grants! Add a page if needed.

Thank you for completing this survey. If there is anything you would like to discuss with the Senior Companion Manager, please feel free to call Dee directly at 828-251-7443.

NAME: Sharon Underwood Date: 2/16/26

Land of Sky Senior Companion Program Volunteer Impact Survey 2026

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Please CIRCLE the answer that best represents the impact on you since joining SCP:

I have a more clear purpose in life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel I make a positive difference in another person's life	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I pay more attention to my lifestyle because someone else needs me	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel better about myself due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel more positive about life due to my volunteer service	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
I feel someone is paying attention to my well-being	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**
The Stipend has helped me make ends meet financially	**Strongly Agree**	**Somewhat Agree**	**No Change**	**Somewhat Disagree**	**Strongly Disagree**

Please check all expenses you use your stipend to help pay:

- ✓ **1**. Food
- ___ **2**. Medical/Dental expenses (which could include co-pays, insurance, prescriptions and non-prescription)
- ✓ **3**. Housing (which could include rent, mortgage, property taxes, insurance, utilities)
- ✓ **4**. Car expenses (which could include car loans, gas, repairs)
- ✓ **5**. Other

Which EXPENSE would be most affected if you did not receive the stipend? # _____

Since volunteering in this program, how would you rate the Overall Quality of your life:

MUCH IMPROVED	**SOMEWHAT IMPROVED**	**IMPROVED**	**NO CHANGE**	**WORSE**

Please CIRCLE the answer that best represents your experience of working with SCP:

Are you satisfied with your current Senior Companion **assignments**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **support** you receive from the SCP staff currently?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with your Senior Companion **Program Manager**?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Are you satisfied with the **In-Service training** you receive?

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

Topics you would like to see included in upcoming In-Service Trainings? _____

_____

_____

Overall, please tell us how satisfied you are with your Senior Companion experience:

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

IMPACT Question: PLEASE tell us WHAT has changed for you since joining this program. What are the benefits to you for serving other older adults? A sentence or story would be helpful to impress upon our FUNDERS why this program is important and needs adequate funding. Quotes and stories can make a difference when writing grants! Add a page if needed.

Thank you for completing this survey. If there is anything you would like to discuss with the Senior Companion Manager, please feel free to call Dee directly at 828-251-7443.