

VOLUNTEER SHADOW

Volunteer Name: _____ Date of Shadow: _____

Observations:

Appearance:

Appropriate Inappropriate Discussed proper attire

Communications:

- Residents were able to understand and communicate with volunteer
- Volunteer was able to introduce themselves and describe their role
- Volunteer used appropriate physical contact with residents
- Volunteer used effective listening techniques
- Volunteer was able to communicate effectively with LTC staff

Rapport:

- Volunteer appeared able to develop trust and confidence in residents
- Volunteer was able to develop rapport with staff of LTC

Investigation:

- Volunteer was able to maintain objectivity
- Volunteer was able to use questions which encouraged residents and staff to give a clear picture of incident or situation
- Volunteer used observation and interview skills to define problems
- Volunteer was able to draw valid conclusions during investigation

Resolution:

- Made appropriate referrals
- Mediated between resident, their family and staff
- Reported concerns and problems to Agency Lead Ombudsman and/or Volunteer Coordinator

Ombudsman Comments:

Recommendations:

- Provide additional shadow experience
- Provide additional training in the following area(s):

- Volunteer is ready to go out on own.
- Volunteer is not appropriate for this volunteer position.

SHADOW TIME: _____ (Hours)

Ombudsman Signature

Date