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

12/27/06
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