

## COMPEER MONTHLY REPORT

**VOLUNTEER** \_\_\_\_\_ Month \_\_\_\_\_

**FRIEND** (first name and initial only) \_\_\_\_\_

Hours spent visiting with your friend(s) \_\_\_\_\_ Number of visits \_\_\_\_\_

Hours spent on the phone with your friend(s) \_\_\_\_\_ Number of phone calls \_\_\_\_\_

Briefly describe the activities that you and your friend participated in this month (movies, museums, watching TV, eating out, visiting with others, Compeer events, etc.)

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Do you have any questions or concerns - or any good news - about your friend(s), your relationship with your friend(s), or about your group placement?

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Please note here any changes in your address/phone number, your friend's address, phone number, or mental health professional, or your group's location or coordinator.

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Has your friend been admitted to in-patient psychiatric care in this month? If yes, please list date and facility here:

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Has your friend been discharged from in-patient psychiatric care in this month? If yes, please list date and new address here:

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Do you have any concerns about your friend's condition \_\_\_\_\_

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Do you want a volunteer coordinator to call you? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you want your friend's mental health professional to call you? \_\_\_\_\_ yes \_\_\_\_\_ no

Your home phone \_\_\_\_\_ Your work phone \_\_\_\_\_ Best time to call \_\_\_\_\_

REPORTS ARE DUE by the 10<sup>th</sup> of each month. Please fax them to (406) 447-1629 or send them to:

Compeer Helena  
PO Box 1717  
Helena, MT 59624-1717

Comments \_\_\_\_\_

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