

HouseCaptain _____ Homeowner _____

Site Address _____

Homeowner/Facility Satisfaction Form

As a direct result of participating in the program I have what I need to maintain my independence.	Yes	No
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As a direct result of participating in the program I have what I need to remain housed.	Yes	No
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As a direct result of participating in the program I feel less isolated.	Yes	No
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I (we) acknowledge my (our) satisfaction with the repair work performed on my (our) home/facility without charge by volunteers organized by Rebuilding Together East Bay North.

Comments _____

SIGNED _____ Date _____

Homeowner/Facility Signatory

Can we use you as a reference for potential clients? _____
YES NO

Please return this completed form to the Rebuilding Together office (732 Gilman Street Berkeley, CA 94710) or fax (510-644-6213) within one week of completing project

HouseCaptain_____Homeowner_____

Site Address_____

House Captain Evaluation Form

Scale: 1=Poor 2=Fair 3=Satisfactory 4= Very Good 5= Excellent

Please rate the administrative support you received from the Rebuilding Together EBN Office:

a. Orientations	1	2	3	4	5
b. Project Scope	1	2	3	4	5
c. Communications	1	2	3	4	5
d. Attitude	1	2	3	4	5

Please rate Rebuilding Together EBN Office support for your project:

a. Supply of materials you requested	1	2	3	4	5
b. Supply of skilled volunteers	1	2	3	4	5
c. Quality of service	1	2	3	4	5

How do you rate the Discount Suppliers?

a. Availability of Materials	1	2	3	4	5
b. Price	1	2	3	4	5

How do you rate the performance of your skilled volunteers:

a. Technical competence	1	2	3	4	5
b. Quality of work performed	1	2	3	4	5
c. Enthusiasm	1	2	3	4	5

How do you rate the performance of your unskilled volunteers:

a. Orientations	1	2	3	4	5
b. Quality of work performed	1	2	3	4	5

How do you rate the homeowner:

a. Cooperation during prep phase	1	2	3	4	5
b. Preparation of the home for workday	1	2	3	4	5
c. Cooperation with volunteers on workday	1	2	3	4	5
d. Support of able family members	1	2	3	4	5

How satisfied are you with the following:

a. Original home assessment	1	2	3	4	5
b. Co-Captain	1	2	3	4	5
c. Volunteer coordinator	1	2	3	4	5
d. Unskilled volunteers	1	2	3	4	5

What is your overall assessment of the program?	1	2	3	4	5
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Additional questions and comments are welcome:

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