

## HALOS PARTNER REPRESENTATIVE SURVEY

### Introduction:

- This survey is part of a comprehensive needs assessment and strategic planning process commissioned by HALOS and will take about 15 minutes for you to complete
- The purpose of the survey is to gather insights from Partner Representatives to help guide HALOS on how the organization can have the greatest positive impact on in the Charleston community.
- **Confidentiality:** The results of these surveys will be analyzed as a group and NO ONE will be quoted individually. All responses will be held in confidence.

### Instructions:

For each question, **click on the box** that most closely matches your opinion. For questions that require a written response, click on the gray shaded box at the end of the question and begin typing. When you are finished, save all your responses and send it as a word attachment to [kirkerjs@aol.com](mailto:kirkerjs@aol.com). You are more than welcome to print the survey and complete it by hand. If you choose this option, you can either fax the completed survey to 853-1774, attn Josie. Alternatively you can mail the survey to Josie Kirker, 102 Hickory Trace Dr., Goose Creek SC, 29445.

1. HALOS currently has 6 programs. First, indicate whether your organization participates in the program. Secondly, rate on a scale of 1-5, how easy it is for your organization to get the goods/services for the program. Finally, rate how important it is for your organization to participate in the service.

Service	Does your organization participate?		Ease of obtaining goods/services 1=Not Very 5=Extremely							Level of importance 1=Not Very 5=Extremely						
	Yes	No	1	2	3	4	5	NA	1	2	3	4	5	NA		
Back to School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Holiday Giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Birthday Salutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self Esteem Enhancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2. If you have noted that your organization doesn't participate in a service listed above, please indicate why.

- ☐ I don't have the time to do the solicitation needed
- ☐ I don't think we can provide what is necessary for the service to be effective
- ☐ My organization has made a choice to focus our energies on the other programs
- ☐ I don't know enough about the program
- ☐ I haven't been asked to participate
- ☐ Other

3. Please check the methods you use to communicate a DSS/HALOS need with the group you represent?

- ☐ Email
- ☐ Phone tree
- ☐ Bulletin boards
- ☐ Newsletters
- ☐ Face to Face
- ☐ Bulletin inserts
- ☐ Flyers
- ☐ Other

4. If you are paired with a DSS case manager, how often do you have contact with him/her?

- ☐ More than 2 times per month
- ☐ One-two times per month
- ☐ Once every 2 months
- ☐ When they have a client who needs something
- ☐ Never
- ☐ Not paired
- ☐ Other

5. If you are not paired with a DSS caseworker, why not?

- ☐ My church/organization is too small
- ☐ I feel we can have more of an impact working with more than one caseworker
- ☐ I don't really understand how the match works
- ☐ I don't have someone to communicate directly with a caseworker
- ☐ I am willing and wanting a match, but one has not been made for me
- ☐ Other

6. What have you found is the **best** method of communicating with your assigned case worker?

- ☐ Telephone call
- ☐ Email
- ☐ Face-to-face
- ☐ Other

7. Please rate the following characteristics of HALOS staff (Kim, Pam, and Jennifer):

- |                  |                                    |                               |                               |                               |
|------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Responsiveness   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Courtesy         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Accessibility    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Helpfulness      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Appreciativeness | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Follow Up

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

8. Please check the box that best describes your attendance of the HALOS monthly partner meetings.

- ☐ I try to attend every month.
- ☐ I attend only when I feel the topic is applicable to my church/organization.
- ☐ I do not attend meetings due to scheduling conflicts
- ☐ I do not attend meetings, but send another representative to attend in my place
- ☐ I do not attend meetings, and do not have another representative attend in my place
- ☐ I attend meetings only for annual events
- ☐ I do not think meetings are important
- ☐ Other

9. Why do you come to partner meetings?

- ☐ To keep up to date on HALOS programs
- ☐ For the education component
- ☐ For the community building and sharing aspect
- ☐ It is required per our commitment as a partner organization
- ☐ To meet with DSS caseworkers
- ☐ Other

10. What suggestions would you have, if any, to improve the monthly meetings?

11. How much time would you estimate you devote to HALOS each month? Consider the time you spend communicating with HALOS or DSS staff, checking the web forum, communicating with volunteers in your organization, preparing monthly reports, attending meetings, etc.

- ☐ 10 or more hours
- ☐ 8-10 hours
- ☐ 5-7 hours
- ☐ 3-4 hours
- ☐ 1-2 hours
- ☐ less than 1 hour

12. Which of the following statements best describes your use of the HALOS web forum?

- ☐ I use the forum regularly.
- ☐ I use the forum occasionally.
- ☐ I seldom use the forum.
- ☐ I have never used the web forum, but do know what it is
- ☐ I have never used the web forum, and I don't even know what it is
- ☐ Other

13. How frequently do you complete the *Monthly Report of Volunteer Hours and Donations*?

- ☐ I always submit the report.
- ☐ I usually submit the report.
- ☐ I occasionally submit the report.
- ☐ I have only submitted the report a couple of times.
- ☐ I have never submitted the report, but do know about it.
- ☐ I have never submitted the report, and didn't know there was a report to submit.
- ☐ Other

14. How did your group become involved with HALOS?

- ☐ My group received a presentation
- ☐ I was recruited by someone with a connection to HALOS. This person was a:
  - ☐ Board Member    ☐ Partner    ☐ HALOS Staff    ☐ DSS Employee
- ☐ I have a connection to DSS
- ☐ I became interested after exposure to advertisements in the form of:
  - ☐ Internet    ☐ Public Service Announcement on tv or radio    ☐ Newspaper Article
  - ☐ Brochure    ☐ Newsletter

15. Of all the organizations in the Charleston area, why did your organization decide to commit to being a part of HALOS?

16. Prior to joining HALOS, did your organization receive a presentation by HALOS staff?

- ☐ Yes    ☐ No    ☐ Not Sure

If so, how important was the presentation in the decision to become a partner?

- ☐ Not Very Important
- ☐ Somewhat Important
- ☐ Very Important

18. Have you recruited or attempted to recruit new partner organizations to HALOS?

- ☐ Yes    ☐ No

19. If you have not recruited new members, what are your reasons why?

- ☐ Lack of time
- ☐ Didn't know it was part of my role
- ☐ Haven't identified a good prospect
- ☐ Don't feel comfortable promoting the HALOS organization to other groups
- ☐ I have attempted to recruit new members, but so far none have chosen to join
- ☐ Other

20. What suggestions would you have to help HALOS improve its effectiveness in recruiting partners?

21. Please answer the following questions using this scale:

1= Not at all    2= A little bit    3=Moderately    4=Quite a bit    5= Extremely

a. How well do you feel you understand the mission of HALOS?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

b. How well do you feel you understand the role of partners in carrying out HALOS mission?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

c. How well do all the partners work together to provide HALOS services?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

d. To what extent have your expectations as a partner been met?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

e. How would you describe the level of commitment your church or organization has made to HALOS?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

f. How connected do you feel **personally** to HALOS?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

g. Do you feel that the work to be completed is shared among the partners?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

h. How satisfied are you with the current relationship you have with your caseworker?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

i. How satisfied are you with opportunities you have to share suggestions or concerns about HALOS?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

j. When you express a concern or share a suggestion how well received do you feel it is by HALOS?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

k. How helpful do you find partner meetings?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

l. How well do you feel the training you received from HALOS prepared you for your partner role?

☐1      ☐2      ☐3      ☐4      ☐5      ☐Not Applicable

22. The following have been identified by DSS caseworkers as needs in the community. Should HALOS decide to offer any of the following services in the future, please indicate the number of volunteers you think you would be able to recruit to participate.

a. Mentoring for children on caseload

☐ At least 5      ☐ 3 to 4      ☐ 1 to 2      ☐ 0      ☐ Unsure

b. Mentoring for adults/caretakers on caseload

☐ At least 5      ☐ 3 to 4      ☐ 1 to 2      ☐ 0      ☐ Unsure

Tutoring for children on caseload

☐ At least 5    ☐ 3 to 4    ☐ 1 to 2    ☐ 0    ☐ Unsure

d. Transportation for children to after-school programs

☐ At least 5    ☐ 3 to 4    ☐ 1 to 2    ☐ 0    ☐ Unsure

24. Do you have any other suggestions for services HALOS could offer?