

Church Name:

Address:

Breakroom Opening Date:

(if not yet open or closed for temporarily closed, anticipated opening date)

During this period (9/1/20-8/31/21):

- Was the Breakroom open? Yes No
- If yes, how many days was it open?
- How many total hours was it open?
- How many volunteers worked in the Breakroom?
- How many people used the Breakroom?
- What was the age range of those using the Breakroom? youngest oldest
- What types of conditions did those using the Breakroom have (e.g. dementia, autism)?

Describe how your Breakroom was used during this period. Was it used during worship services only or at other times as well?

What types of and how did you use tools, technology and/or supplies?

How did you identify, select and train volunteers?

How did you recruit participants?

Are there any Breakroom success stories you can share?

What challenges or problems did you encounter with your Breakroom during this period?

Do you plan to continue operating your Breakroom? If so, what changes, if any, will you make in how you operate the Breakroom?

How can the SC Respite Coalition support and partner with you in the future?

Completed by (signature): _____ Date: _____

Printed Name: _____