VARIETY – THE CHILDREN'S CHARITY OF BC SUNSHINE COACH ANNUAL EVALUATION FORM

We are undertaking an annual survey of our Sunshine Coach program, to ensure that the coaches currently in service across the province are still meeting the needs of you, our grant recipients. We ask that you kindly fill out this form (one per coach) to the best of your ability – as agreed to in the signed Sunshine Coach agreement between Variety and your organization and return it.

Contact Information (if contact details have changed, please update accordingly):

Organization Name				
Name of Contact		Position		
Address			City	
Postal Code	E-Mail			
Sunshine Coach Number			Business Telephone	

If for whatever reason your Sunshine Coach is no longer operational, please skip the Impact Information section and proceed directly to the Vehicle Information section.

Impact Information:

- 1. How many children benefited from the use of this vehicle in the last year? What percentage of participants have designated medical or development special needs?
- 2. How is the vehicle impacting your program?

3. Does the vehicle meet the current needs of the organization?
-If no please explain in detail:

Yes

No

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4.	Please share a story or stories the past year:						of this vehicle	in
Vehicle	e Information:							
If your	Sunshine Coach is no longer o	perationa	<u>l</u> , please ans	wer only Que	estions 1	.1 and 12		
1.	Year Sunshine Coach Receive	d (YYYY):						
2.	Vehicle Type (Van or Coach)		Passenger	5(7, 15, 24)	VIN	#		
3.	Mileage	Mechani	cal Condition	? Goo	od	Fair	Poor	
4.	How often is the vehicle service	ced?	Monthly	Quarterly	Bi-	Annual	Annual	
5.	How often is the vehicle used	?						
6.	What is the condition of the ve	ehicle body	y?	Good	Fair	Poor		
7.	Has the vehicle been in an acc	cident in th	ne past year?	Yes	N	0		
	If yes, please attach details ofIf no, please skip ahead to qu		lent on a sepa	arate sheet.				
8.	Has the vehicle been fully rep - If no, please explain:	aired?	Yes	No				
9.	Has the vehicle been re-decal - If yes, please explain reason			Yes replaced or r	No e-done)		

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10.		Does the vehicle require new decals? Yes -If yes, please give details of lettering or logos that			
11.		Is the vehicle fully operational at the present time- If no, please provide details of difficulty mechan			
12.		Is your organization interested in applying for a re - If yes, when would you like us to send you an ap			
13.		Please attach a copy of the following:			
		Vehicle Registration			
		Commercial Vehicle Inspection Report			
		Current Photos (Pictures of the front, back and bo	oth sides of the vehicle)		
l vei	rify	that the above information is correct.			
Nan	ne:	Ti	tle:		
Sigr	gned: Date:				



VARIETY - THE CHILDREN'S CHARITY OF BC

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