EVALUATION OF COMMUNITY SERVICE/VOLUNTEER PROGRAM

Please take a few minutes to complete this survey and return to the Cooperative Education Office, BE 1103. Your feedback is important to use and will be taken into consideration to improve our program and services.

NAME: ____________________________________________________________________________________
(optional)

COMMUNITY SERVICE OUTCOMES

Participation in the program helped me acquire a better understanding of a social issue in the community

Strongly Agree Strongly Disagree
5 4 3 2 1

Participation in the program helped me acquire a better understanding of my values and beliefs

Strongly Agree Strongly Disagree
5 4 3 2 1

This experience was valuable in terms of my personal, academic or career goals

Strongly Agree Strongly Disagree
5 4 3 2 1

SITE EVALUATION

Name of Organization: ________________________________________________________________________
(required)

The organization was ready and equipped for a volunteer

Strongly Agree Strongly Disagree
5 4 3 2 1

The activities of my volunteer position were made clear to me from the start of the activity

Strongly Agree Strongly Disagree
5 4 3 2 1

The organization provided adequate training, supervision and support

Strongly Agree Strongly Disagree
5 4 3 2 1

The supervisor was available, receptive, and responded in a timely manner when approached for help or clarification

Strongly Agree Strongly Disagree
5 4 3 2 1

The supervisor provided regular feedback to improve performance

Strongly Agree Strongly Disagree
5 4 3 2 1

I was satisfied with the type of work assigned

Strongly Agree Strongly Disagree
5 4 3 2 1

The activities I was engaged in were meaningful and provided real value to the organization

Strongly Agree Strongly Disagree
5 4 3 2 1

I would recommend this site to other students

Strongly Agree Strongly Disagree
5 4 3 2 1
COMMUNITY SERVICE/VOLUNTEER PROGRAM EVALUATION

Course objectives and requirements were explained satisfactorily

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
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Please rate your satisfaction with the level of assistance you received from the program office.
(Availability and accessibility of staff to answer your questions, provide information when needed, register you for credit, and/or troubleshoot/resolve issues.)

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Poor</th>
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<tr>
<td>5</td>
<td>4</td>
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<td>3</td>
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What areas of the program could be improved?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Do you have any other comments or suggestions about your contact with the office or the program in general?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________