Agency Evaluation of Volunteer Services

SEATTLE CENTRAL COLLEGE

(Your feedback will enable us to better serve your agency.
NO NEED TO SUBMIT THIS IF YOU HAVE COMPLETED IT IN THE PAST AND HAVE NOTHING NEW TO SAY)

Evaluator's Name_____**Date**_____

Agency_____

Phone_____**E-mail**_____

What were your responsibilities to the Seattle Central College volunteers?

How did the Seattle Central College volunteers contribute to the goals of your organization?
Please share an example of how Seattle Central College volunteers made a significant difference to you or your organization.

What suggestions do you have to improve our volunteer services?

Did the Seattle Central College volunteers meet your expectations of the duties and responsibilities to be performed?

When will you need volunteers again? How many?

Other comments:

Thank you for your feedback.

Please return to: **Service-Learning Coordinator**
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Seattle, WA 98122
Patti.Gorman@seattlecolleges.edu