

2008 DAYS OF CARING Volunteer Evaluation

Company Name:

Your feedback will help Middlesex United Way Volunteer Center improve future volunteer experiences. Please take a few moments to complete this questionnaire and return it to your company team leader. Thanks!

	Very Good	Good	Fair	Poor	Not Applicable
Please rate the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Agency's preparation for your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The task assigned to your group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate Middlesex United Way Days of Caring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most Satisfying Part:

Least Satisfying Part:

General Comments:

Feedback to Improve the Week: