



Volunteer Evaluation of SAC

We need to hear your voice in order to improve your volunteering experience. Thank you for taking the time to fill out this form.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Project you worked on: _____

Project Coordinator: _____

Dates and times of your volunteering: _____

Did the project coordinator speak to you in a timely manner? YES NO
If no, how can we improve communications with you?

On the day of the project was the project coordinator organized? YES NO
If no, how can we improve communications?

Please give us at least one positive feedback statement:

Please give us at least one statement on how we can improve your volunteering experience: