

Volunteer Feedback Form

| <i>Volunteer Feedback Questions</i> | <i>Response</i> | | |
|--|-----------------|-----|------|
| Name: | | | |
| | Month | Day | Year |
| Date This Form Completed/Updated | | | |
| Date of Mission | | | |
| Hours that you volunteered | | | |
| How Was Your Overall Experience (1=Not Very Good; 5=Fantastic)? | | | |
| Would You Like to Do This Type Mission Again 1=No Way; 5=Absolutely)? | | | |
| Was the Mission Organized/Were you Clear on Your role? (1=Not Very Organized; 5= Seamless) | | | |
| Do you feel you were adequately trained for the Mission? (1=Definitely Not (explain answer below 3 in improvement); 5=Absolutely) | | | |
| Enough Volunteers for the Mission? (1= Not Enough (explain answer lower than 3 in improvement); 3= Just Right; 5= Too Many) | | | |
| Was the Mission Adequately Resourced? (1=No (explain answer below 5 in improvement); 5= Yes) | | | |
| Approximately How Many People Do You Believe Were Helped During Your Mission? | | | |
| Approximately How Many People Were You Able to Communicate With During Your Mission? | | | |
| How Many People Were You Able to Share Your Hope and Faith? | | | |
| How Many People Were Saved During Your Mission? | | | |
| How Did You Experience God During Your Mission? | | | |
| How Did You Witness to Answered Prayer(s) During the Mission? | | | |
| What Went Well During Your Mission? | | | |
| What Could Be Improved? | | | |