

VOLUNTEER EVALUATION OF PROJECT

Volunteers, your evaluation of your disaster project experience is greatly appreciated. Please fill out this form and return it to:

Brethren Disaster Ministries
P.O. Box 188
New Windsor, MD 21776

Group or Volunteer's Name: _____

Dates worked: From _____ to _____

Location of Disaster Project: _____

Disaster Project Director(s): _____

1. Was the orientation you received upon arrival at the project site adequate? Why or why not?

2. Were the work assignments appropriate, given your group's skills & abilities? Why or why not?

3. Describe the highlights of your disaster response experience.

4. What concerns or suggestions would you like to share?

5. Do you have any inspirational stories about your experience? Please include those on a separate sheet of paper and mail them to the address above. These are sometimes shared in the BDM newsletter, "Bridges."

6. Disaster project photos may be submitted to BDM for use in publications or displays. Please include the subject, location, date, and photo credit on the back of each picture or email digital photos to, bdm_gb@brethren.org.

Thank you for your volunteer support in this ministry to disaster survivors.