Community Service Evaluation Form

Name		Date _	Ser	nester & Year:
# of Hours Volunte	eered	_ Organization	1	
Location				
Description				
Volunteer Coordin	ator		Phone	Number
Signature of Volunteer Coordinator			Date	
What activities were you involved in during this service?				
What was most sig	nificant to you	u about this exp	erience?	
Respond to the sta	tements below	v using the follo	wing scale:	
Strongly disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly agree 5
Community service 1	was a valuable 2	e experience. 3	4	5
I felt that my contril 1	bution was app 2	reciated. 3	4	5
I believe that altruis	m is a compon	ent of profession	nalism.	
1	2	3	4	5
I believe that physic 1	cians should vo 2	olunteer time to c 3	community se 4	ervice. 5
I will volunteer to d 1	o community s 2	service in the fut 3	ure when it is 4	s not required. 5
I had the opportunit	y to interact w	ith persons of a d	culture differ	ent than mine.
1	2	3	4	5
*Submit evaluation	n form within	one week after	volunteerin	g to• Ashley Givens Medical

*Submit evaluation form within one week after volunteering to: Ashley Givens, Medical Education, MSB Suite 2015, Room 2011. Prior to submission, log all hours into E*Value.