

Community Service Evaluation Form

Name _____ Date _____ Semester & Year: _____

of Hours Volunteered _____ Organization _____

Location _____

Description _____

Volunteer Coordinator _____ Phone Number _____

Signature of Volunteer Coordinator _____ Date _____

What activities were you involved in during this service?

What was most significant to you about this experience?

Respond to the statements below using the following scale:

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	2	3	4	5

Community service was a valuable experience.

1	2	3	4	5
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I felt that my contribution was appreciated.

1	2	3	4	5
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I believe that altruism is a component of professionalism.

1	2	3	4	5
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I believe that physicians should volunteer time to community service.

1	2	3	4	5
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I will volunteer to do community service in the future when it is not required.

1	2	3	4	5
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I had the opportunity to interact with persons of a culture different than mine.

1	2	3	4	5
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***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.**