

Community Service Work Program Feedback

Please answer the following questions to assist us in evaluation of our program. There is no need to list your name on this form unless you wish to be contacted regarding your experience.

1. I completed my community service hours at:

2. How many community service hours did you complete?

3. Did the site you completed your hours at make you feel like part of the volunteer team?

☐ Yes ☐ No ☐ Other: _____

4. Did you feel like your efforts were appreciated and/or valued?

☐ Yes ☐ No ☐ Other: _____

5. Did you find out about community resources while serving your hours?

☐ Yes ☐ No ☐ Other: _____

6. How much of an impact did you feel that your community service had on you?

No impact at all 1 2 3 4 5 *A great deal of impact*

7. How much of an impact did you feel that your community service had on the Indianapolis community?

No impact at all 1 2 3 4 5 *A great deal of impact*

8. How likely are you to continue volunteering with the agency you attended?

Not likely at all 1 2 3 4 5 *Extremely likely*

9. Please use the space below to make any further comments about your experience that could help our partnership improve the program.

Once completed, you may return this form FAX to 317-327-4269, email to Staci.Wilson@indy.gov in person or by mail to Staci Wilson at Marion Superior Court Probation Department, 3115 Southeastern Avenue, Suite 100, Indianapolis, IN 46203