

Alpha Phi Omega Service Project Evaluation Form

Project Title: _____
Contact: _____
Organization: _____
Project Chair: _____
Project Chair: _____

Date: _____
Phone: _____
Shift(s): _____
Pledge / Active
Pledge / Active

Description of Project: _____

Number of Volunteers: _____

Please pick one:

There were... (1) Enough (2) Not enough (3) To many volunteers

Positive points of the project: _____

Negative points of the project: _____

How did the volunteers feel about doing this project? Will they do it again? _____

What will make this project more enjoyable and fun? : _____

General comments: _____

Signature of Chair(s): _____

Please make sure you turn this paper in with the service sign-in paper to one of the service VP's with 72 hours after the project ended.