

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 |
|---|---|---|---|---|

I felt that my contribution was appreciated.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

I believe that altruism is a component of professionalism.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

I believe that physicians should volunteer time to community service.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

I will volunteer to do community service in the future when it is not required.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

I had the opportunity to interact with persons of a culture different than mine.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

***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.**