



2022 Project Feedback Form

Name of person completing feedback form: _____

Did you receive residential or nonprofit assistance? _____

If nonprofit, please list the organization name: _____

Questions	Answers
Please list all services you received on Day of Caring:	
Please rate your overall satisfaction with the services provided. 1 is extremely satisfied and 5 is extremely dissatisfied.	1 2 3 4 5
How knowledgeable and professional were the volunteers, in your opinion? 1 is extremely unprofessional and 5 is extremely professional.	1 2 3 4 5
Do you feel the volunteers positively contributed to improving your residence or nonprofit? 1 is absolutely agree and 5 is absolutely disagree.	1 2 3 4 5
Have you participated in the Day of Caring in the past?	Yes No
How did you find out about Day of Caring?	
What would you change about your Day of Caring experience?	
What was the best part of your Day of Caring experience?	
Would you like to learn more about other services we offer?	Yes No
If yes, please provide your email address.:	
If you have any additional comments, questions or suggestions, please enter them here.	

THANK YOU FOR YOUR FEEDBACK!

PLEASE COMPLETE & RETURN BY: SEPTEMBER 23, 2022

For questions, contact: Jocelyn Hauer, Director of Engagement

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