



2022 Team Leader Feedback Form

Name of Person Completing Evaluation: _____

Organization Name: _____

Team Leader Name: _____

Project Address: _____

Questions	Answers
Did you solicit any in-kind donations for supplies? If yes, please describe what you received and from where:	Yes No
Did your team donate any funds to complete your project? If yes, please indicate the amount and purpose:	Yes No
Please provide the approximate number of hours worked by your team:	
How would you rate your overall Day of Caring experience? 1 is considered the worst experience, and 5 is the best.	1 2 3 4 5
Were your questions answered by the UWWC staff in a timely and helpful way?	1 2 3 4 5
How would you rate the Day of Caring impact on the community, based on your experience?	1 2 3 4 5
Did you receive the provided lunch?	Yes No
Would you consider volunteering for the Day of Caring again? 1 is completely unlikely and 5 is completely likely.	1 2 3 4 5
Would you volunteer for this type of project again? 1 is completely unlikely and 5 is completely likely.	1 2 3 4 5
Would you volunteer for this type of agency/home again? 1 is completely unlikely and 5 is completely likely.	1 2 3 4 5
Please provide any additional comments or suggestions that may help the Steering Committee in planning the 2022 Day of Caring:	

THANK YOU FOR YOUR FEEDBACK!

PLEASE COMPLETE & RETURN BY: SEPTEMBER 23, 2022

For questions, contact: Jocelyn Hauer, Director of Engagement

Email: jhauer@uwwcmd.org Ph: 301.739.8200 x 103