**MLK Day of Service Evaluation Spring 2016**

1. Class Year*(circle one)*

First-year Sophomore Junior Senior Grad Alumni Faculty

1. Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What was your project? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle one rating for each item regarding your feelings toward this experience:**

Strongly Agree Neutral Disagree Strongly

Agree Disagree

1. I have experienced **personal** 5 4 3 2 1

growth as a result of this

experience.

1. I felt I was giving back to the 5 4 3 2 1

community during my project.

1. I bonded with those I 5 4 3 2 1

volunteered with.

1. I have experienced **educational** 5 4 3 2 1

growth as a result of this

experience.

1. I increased my knowledge of and 5 4 3 2 1

respect for differences in society.

1. I am satisfied with the service I 5 4 3 2 1 provided with this event.
2. My participation in MLK Day of 5 4 3 2 1

Service influenced me to

volunteer again during this

academic year.

**Please circle one rating for each item regarding the effectiveness of the event. If it does not apply to you, mark N/A.**

Very Somewhat Neither Somewhat Very N/A

Effective Effective Ineffective Ineffective

1. Publicity Efforts 5 4 3 2 1 N/A
2. Coalition Meetings 5 4 3 2 1 N/A
3. Communication from Team Leader(s) 5 4 3 2 1 N/A
4. Project Orientation Session 5 4 3 2 1 N/A
5. Reflection Time 5 4 3 2 1 N/A
6. What projects or changes would you like to see for MLK Day of Service next year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Only answer questions 18 and 19 if you will be attending Elizabethtown College next year.**

1. Do you plan to participate in MLK Day of Service next year? *(circle one)* Yes No
2. Are you interested in acting as a team leader for MLK Day of Service next year? *(circle one)* Yes No

\*If yes, please provide your name and email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_