

TRIP EVALUATION FORM



Today's date: _____

(to complete, click in shaded area and begin typing; re-save when completed)

Personal Information *(optional)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____

Employer: _____ Title: _____

Industry: _____ Retired: _____

Trip Information

Dates of Trip: _____ Location: _____

Type of work or ministry-focus of the trip: Home construction and evangelism.

Evaluation: Please use the back of this page or attached a sheet for additional comments.

How would you rate your overall experience?

1 2 3 4 5 6 7 8 9 10
Poor Excellent

How do you rate the team leader's(s) leadership prior to and throughout the trip?

1 2 3 4 5 6 7 8 9 10
Poor Excellent

How would you rate the team leader's(s) communication and preparation prior to and throughout the trip?

1 2 3 4 5 6 7 8 9 10
Poor Excellent

How would you rate the results of the trip?

1 2 3 4 5 6 7 8 9 10
Poor Excellent

Would you like to serve as a volunteer (events, administrative support, fundraising/development, mission trips) in the future?

Yes Maybe No

Comments: _____

Continued on next page.....

Would you like to participate in another Shalom Foundation mission trip?

Yes Maybe No

If no or maybe, please explain: _____

Please share a brief testimony of your trip. Tell us what worked well and what improvements could be made, and share with us any additional thoughts, comments or ideas you may have. Please continue on back or another sheet if needed.

May we use your comments in our electronic or printed communications? Yes No

Please return your completed evaluation form to:

The Shalom Foundation, P.O. Box 1354, Franklin, TN 37065, USA

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615.595-5811