



Response Team Volunteer Information Form

Volunteer Name: _____ Age: _____

Congregation Name: _____

Response Team: _____

Responsibility: _____

Dates Served (m/d/y): _____

Direct Supervisor's Name: _____

Questions:

1. Overall, how would you rate your experience as a Response Team Volunteer?

Excellent 1___ 2___ 3___ 4___ 5___ **Poor**

2. How good did you feel about the training you received to perform your work?

Excellent 1___ 2___ 3___ 4___ 5___ Poor

1. How good did you feel about the leadership you received while performing your work?

Excellent 1___ 2___ 3___ 4___ 5___ Poor

2. What are the top 3 things you feel your Team did well?

3. What are the top 3 areas where you feel the most improvement could be made for your Team?

4. What are your recommendations for improving the results of your Response Team?

5. Would you like to serve again when another disaster strikes your area? Y_____ N_____

6. Other information/comments you would like to provide:
