

# Community Service Evaluation Form

Name \_\_\_\_\_ Date \_\_\_\_\_ Semester & Year: \_\_\_\_\_

# of Hours Volunteered \_\_\_\_\_ Organization \_\_\_\_\_

Location \_\_\_\_\_

Description \_\_\_\_\_

Volunteer Coordinator \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Volunteer Coordinator \_\_\_\_\_

**What activities were you involved in during this service?**

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**What was most significant to you about this experience?**

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**Respond to the statements below using the following scale:**

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	2	3	4	5

Community service was a valuable experience.

1	2	3	4	5
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I felt that my contribution was appreciated.

1	2	3	4	5
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I believe that altruism is a component of professionalism.

1	2	3	4	5
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I believe that physicians should volunteer time to community service.

1	2	3	4	5
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I will volunteer to do community service in the future when it is not required.

1	2	3	4	5
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I had the opportunity to interact with persons of a culture different than mine

1	2	3	4	5
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**\*Submit hours for credit within one week after volunteering to: Judy Getty, Medical Education, 1162 MSB, or fax to (251) 461-1412**