

# 2019 St. Louis African Arts Festival

## Volunteer Feedback and Evaluation Form

### *"Honoring Our Past – Educating and Empowering Our Future"*

Complete and return to a Volunteer Committee Member or by mail to,  
African Heritage Association, 8816 Manchester Rd., #411, St. Louis MO, 63144-2602  
or by email to [volunteer2stlaaf@gmail.com](mailto:volunteer2stlaaf@gmail.com).

**THIS IS A FILL-IN FORM AND DESIGNED TO BE ABLE TO TYPE ON A COMPUTER:**

*Begin by clicking your mouse in the appropriate boxes or use the space bar. To write your comments to the questions, just begin typing in the shaded area - the area will expand as you type. To get to a shaded area you must TAB or click your mouse on the shaded area.*

Which Festival days including set-up and breakdown did you help us with this year?

Thursday, May 23<sup>th</sup>     Friday, May 24<sup>th</sup>     Saturday, May 25<sup>th</sup>     Sunday, May 26<sup>th</sup>     Monday, May 27<sup>th</sup>

Here's how I rate my experience with the following this year: (mark the appropriate box of each category)

|   | Great                    | Poor                     | Not Applicable           |                                       | Great                    | Poor                     | Not Applicable           |
|---|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|
| 1). The Festival overall                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) The quality of service I provided. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Overall impression of my volunteer service experience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) The Hospitality Room               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Friendliness of Festival staff/committee members.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) The Layout of the Festival         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Quality of assigned volunteer task(s).                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) The Festival Theme                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |
|---|
| How long have you been volunteering with the festival?  |
| What area did you fill as a festival volunteer?   |
| What was the best experience you had while volunteering with us?  |
| What was the least enjoyable aspect of volunteering with us?  |
| <p>If you could make (3) changes to our volunteer program, what would they be?</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>  |
| Suggest ways for us to recruit more volunteers.   |
| <p>Overall, how would you rate our volunteer program? (1=Terrible, 10=Great)</p> <p style="text-align: center;">1      2      3      4      5      6      7      8      9      10</p> |
| Additional Comments:  |

Do you plan to participate as a volunteer again next year?     yes     no

Print Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Telephone (optional): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    Email (optional): \_\_\_\_\_



*Thank you for all of your feedback and continued support!*

