

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.

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 23th ☐ Friday, May 24th ☐ Saturday, May 25th ☐ Sunday, May 26th ☐ Monday, May 27th

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> <div style="display: flex; justify-content: space-around; text-align: center;"> 12345678910 </div>
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!

