

**Community Service Evaluation Form**

Name \_\_\_\_\_ Date \_\_\_\_\_ Hours Volunteered \_\_\_\_\_  
Organization \_\_\_\_\_ Site \_\_\_\_\_  
Description \_\_\_\_\_  
\_\_\_\_\_  
Volunteer Coordinator \_\_\_\_\_ Phone Number \_\_\_\_\_

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

What was most significant to you about this experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respond to the statements below using the following scale:

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1	2	3	4	5
Community service was a valuable experience.				
1	2	3	4	5
I found community service to be a learning opportunity.				
1	2	3	4	5
I believe that altruism is a component of professionalism.				
1	2	3	4	5
I believe that physicians should volunteer time to community service.				
1	2	3	4	5
I will volunteer to do community service in the future when it is not required.				
1	2	3	4	5