

SERVICE EVENT EVALUATION FORM

(For additional sheets go to www.oslcs.org There you can download and print more off under the OSYM Downloads Section.)

Name: _____

Grade: _____

Date the event took place: _____

Name of the event: _____

What did you do at this event? _____

How did you feel about the work you did? (Was it rewarding to you? Did you feel like you helped? Did you feel like you didn't understand what you were to do? Did you feel like you stood around and did nothing the whole time? Etc.) _____

Would you like to do this event again? Circle one: YES NO

Why? _____

Parent signature: _____

Date: _____

IDEAS FOR SERVICE EVENTS: Help with Angel Tree, help distribute “door hangers,” play with children at the Crisis Nursery, help deliver food for “Meals on Wheels,” help watch children in the nursery on Sunday morning during a worship hour (but **NOT** during the hour you normally worship!), etc. Watch the newsletter, listen to announcements—service opportunities are happening all the time!

For info on the above ideas, or for more ideas, see Pastor Z. or Shawn.

**Please return completed form to Pastor Z. on
Wednesday night**