

CFC Missions Participation Survey

Thank you for your participation on the CFC sponsored missions trip. In order to have successful trips in the future, we ask for your comments about the trip you were on. These comments will be available to the Pastor, CFC Missions Director, and to your Team Leader. Please fill out this form and return it to the **CFC Missions Director**, PO Box 5, Madrid, NY 13660

Name: _____ Missions Trip: _____ Date: _____

The rating scale is 1 = Poor 3 = Good 5 = Excellent

Comments

- | | | |
|---|---|-------|
| 1) Please rate your overall experience. | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| 2) Please rate your team leader overall. | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| 3) Did your experience line up with your expectations? | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| 4) Did you interact well with your team members? | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| 5) Were conflicts / resolutions handled well overall? | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| 6) Was the goal of the trip clearly communicated to you? | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| 7) In your opinion, was the goal of the trip accomplished? | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| 8) Do you feel you were able to participate fully in achieving the team goal? | 1 2 3 4 5
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |

Please provide any information about yourself, your team members, or your team leader that will help us provide successful trips in the future: (use more paper if needed).
