

Camp Volunteer Survey

Please complete the following questionnaire and return it to the Summer Staff Office Manager at your camp. Your feedback is important to help us evaluate and improve future workcamps.

Instruction: Use blue or black pen to completely fill in the response "○" when appropriate.

Incorrect Marks



Correct Mark



1. Camp Name _____

2. What was your volunteer role at camp?

Cafeteria Coord. Healthcare Asst. Office Asst. Office/Cafe. Asst. Photographer Program Asst. Troubleshooter

3. Are you a returning volunteer? Yes No

On a scale of 1-5 (5 being the highest) please rate the following statements:

1. Strongly Disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly Agree

4. Overall, I am satisfied with my Group Workcamp experience.

1 2 3 4 5

5. If I am able, I want to participate in a Group Workcamp in the future.

1 2 3 4 5

6. This is an experience I would recommend to others.

1 2 3 4 5

7. The Summer Staff at my camp did a great job.

1 2 3 4 5

8. The Director at my camp did a great job.

1 2 3 4 5

9. The MC at my camp did a great job.

1 2 3 4 5

10. The Music Leader at my camp did a great job.

1 2 3 4 5

11. What changes would you suggest for future workcamps?

