

# WORK & WITNESS EVALUATION

## INTERNATIONAL

Team Coordinator: \_\_\_\_\_ Date today: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Sponsor: \_\_\_\_\_ Field Project Coordinator: \_\_\_\_\_  
(church, school or district)

Project/Country: \_\_\_\_\_ Dates of trip: \_\_\_\_\_  
(work or ministry site)

Amount of project money: \_\_\_\_\_ Approximate cost of plane ticket/person: \_\_\_\_\_

Approximate cost of on-field expenses/person: \_\_\_\_\_

*Based on your recent Work & Witness experience, please give us your opinion on the following questions by circling the appropriate rating number. If you have additional explanatory comments, please use the reverse side. We appreciate your comments.*

	Excellent	Good	Fair	Poor	Not Applicable
1. All materials, building permits, etc., had been secured before our arrival or were readily available.	4	3	2	1	N/A
2. Housing, food, and sleeping arrangements were as expected.	4	3	2	1	N/A
3. The relationship of the team members to the field project coordinator was:	4	3	2	1	N/A
4. The interaction of the team members with the local people was:	4	3	2	1	N/A
5. The overall impact of this trip on your team members was:	4	3	2	1	N/A
6. The communication between you and the W&W office was:	4	3	2	1	N/A
7. The communication between you and the field was:	4	3	2	1	N/A
8. How would you rate the: a) <u>Team Coordinator's Manual</u> ?	4	3	2	1	N/A
b) <u>W&amp;W Orientation Video</u>	4	3	2	1	N/A
9. What overall rating would you give this Work & Witness experience?	4	3	2	1	N/A
10. Will a claim form be submitted for any injuries or major illnesses?	YES		NO		
11. How can we help with your plans for your next project?					

PLEASE RETURN THIS COMPLETED EVALUATION TO:

**David Cooper**

Work & Witness Office  
World Mission  
6401 The Paseo  
Kansas City, MO 64131  
wmww@nazarene.org

THANK YOU FOR YOUR COMMENTS

