



AmeriCorps Member Evaluation Survey

Member Information:

Program Name: \_\_\_\_\_

Member Name: \_\_\_\_\_  
(optional)

Date: \_\_\_\_\_

Instructions:

Please complete the following evaluation to the best of your ability. Note: These comments will be kept confidential unless they uncover a violation of the AmeriCorps Provisions. Relevant comments will be incorporated into a summary and provided as feedback to the Program.

AmeriCorps Member Evaluation Survey

**General:**

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How did you find out about the AmeriCorps Program? \_\_\_\_\_

What activities do you perform as an AmeriCorps Member?

How do you relate the above activities to direct service?

Did you receive a written position description ?      YES       NO       NA

If you are a full-time Member, were you notified of Health Insurance Benefits?      YES       NO       NA

If you are a full-time Member, were you notified of Child Care Benefits?      YES       NO       NA

What is the mission of AmeriCorps?

What is the objective of your AmeriCorps Program?

**Management and Supervision:**

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Who is your supervisor? \_\_\_\_\_

How often do you meet with him/her? \_\_\_\_\_

AmeriCorps Member Evaluation Survey

How effective is your direct supervisor as a leader/manager?

Poor Excellent

1    2    3    4    5

How effective is the Program Director as a leader/manager?

Not Effective Very Effective

1    2    3    4    5

How would you rate the overall quality of the supervision you receive?

Not Effective Very Effective

1    2    3    4    5

Do you have any constructive suggestions or comments that would improve the leadership/management of the Program?

**Training:**

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Did you participate in the initial Program orientation?      YES       NO

If you were not with the Program during the orientation, how were you trained?

Do you feel that you were well prepared and trained as an AmeriCorps member when you began your term of service?

YES       NO

If not, how can training be improved?

Have you been trained in the use of My AmeriCorps Portal?      YES       NO

Have you been trained in the use of Oncorps Illinois?      YES       NO

AmeriCorps Member Evaluation Survey

Are you provided with the opportunity to talk about your service with fellow AmeriCorps members?

YES  NO

Do you know who your LeaderCorps representative is?

YES  NO

Does your LeaderCorps representative share information (i.e. training, days of service) with you?

YES  NO

**Daily Activities and Community Benefit:**

How do you keep track of your activities?

How often are you notified of the number of hours you have served?

Weekly  Bi-weekly  
 Monthly  Other\_\_\_\_\_

What local events have you participated in within the community you serve?

What impact do you think your direct service is having on the community in which you serve?

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**Personal Experience:**

What has been the most rewarding part of your service to date?

What has been the most challenging part of your service to date?

What are your plans after AmeriCorps?

If you are interested in participating in the **AmeriCorps Alums Program**, check the appropriate box on your exit form you'll complete in My AmeriCorps.

Other Comments