

Family Promise of Indiana County

Post Host Week Coordinator Survey

Congregation: _____ Month/Year: _____

Please complete this form and return it to the Network Director. Your feedback will help us provide the best possible care to our Guests when we host in the future. Thank you.

1. Did the Guests treat the volunteers with respect?

Yes Sometimes No

2. Did the Guests assist with food set up and clean up?

Yes Sometimes No

3. Did the Guests keep their rooms in order?

Yes Sometimes No

4. Were the Guests ready for the van on time in the morning?

Yes Sometimes No

5. Did the Guests supervise their children?

Yes Sometimes No

6. What did you particularly like about this set of families?

7. What was problematic about this set of families?

8. Describe any difficulties you may have had with anyone in particular?

9. What suggestions/helpful hints do you have for the next Host Congregation?

10. What concerns do you have that you would like the Network Director to address?

Please include any additional comments, suggestions, or anything else you'd like to share.