Cultural Ambassador Program

COMMUNITY SERVICE REPORT & VOLUNTEER EVALUATION

Today’s Date: __________________________

CAP Student’s Name: _________________________________________________________________________________________

Name of Event: _______________________________________________________________________________________________

Date(s) of Service: ____________________________________________________________________________________________

Department/School/Organization name (for whom student volunteered): ______________________________
___________________________________________________________________________________________________________________

Contact person: _______________________________________________________________________________________________

Title: _______________________________________________________________________________________________________

Type of Service (circle one):

Country Presentation       International or Cultural Activity       General Volunteering

CAP Meeting                 Orientation                           Other: _____________________________

CAP Hours:

➤ Preparation Time: _________ Hours _________ Minutes

➤ Service Time: _________ Hours _________ Minutes

TOTAL HOURS: ______________________

➤ Comments: ______________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Signature of Supervisor of event/activity: ________________________________________________________________

Printed name & title (if different from contact person above) : _______________________________________
_______________________________________________________________________________________________________________

PLEASE COMPLETE EVALUATION ON BACK SIDE...

12/4/2013
To Contact Person of School/Organization:
Please complete this form to help the CAP gain maximum benefit from this experience & to confirm student’s community service credit. Please return to student OR mail to: Cultural Ambassador Program (CAP), International Education, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0122.

1. Please summarize what the student was expected to do. _______________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

(Circle the most appropriate number in the scale to describe student’s service: 5=highest & 1=lowest)

2. Was the student on time? 5 4 3 2 1 N/A
   Comments:

3. Was the student prepared (supplies, equipment, dress, etc)? 5 4 3 2 1 N/A
   Comments:

4. Did the student accept and follow instructions? 5 4 3 2 1 N/A
   Comments:

5. Was the student motivated, taking initiative to help out where needed? 5 4 3 2 1 N/A
   Comments:

6. How well did the service provided meet your expectations overall? 5 4 3 2 1 N/A
   Comments:

Additional comments or suggestions.