



United Methodist Volunteers in Mission
 Southeastern Jurisdiction Office of Coordination
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Team Member Evaluation

Please return this evaluation to the team leader or, if you prefer, the UMVIM, SEJ office.

1. List at least two of the experiences you appreciated most about the mission.

2. Share at least two significant impressions you had while on the mission team.

3. Rate according to your experience, the following (1=not good, 5=very good).

Effectiveness of team orientation onsite	1	2	3	4	5
Interaction with the local people	1	2	3	4	5
Team worship and sharing	1	2	3	4	5
Schedule	1	2	3	4	5
Living arrangements	1	2	3	4	5
Food	1	2	3	4	5
Personal growth in your faith	1	2	3	4	5
Team Leader	1	2	3	4	5
Logistical Coordination	1	2	3	4	5

If you gave any of the above a "1"- please give additional information so we can address your concerns: _____

4. List any suggestions that might be helpful to future teams participating in such a mission.

5. Describe some of your present feelings.

6. If given the opportunity, would you participate in such an experience again?

Team Leader _____ Location of mission experience _____

Dates of mission _____

Contact Information (optional): _____

Signature (optional): _____