



**2005 – 2006 LISC AmeriCorps
Overviews of Community Development &
Community Organizing Philosophies Evaluation**

Your Name (optional): _____

Which LISC office are you affiliated with?

- | | | |
|--|--|--|
| <input type="checkbox"/> Bay Area – Eric Brewer Garcia | <input type="checkbox"/> Jacksonville – Gene Montgomery | <input type="checkbox"/> Rhode Island – Maria Canton |
| <input type="checkbox"/> Boston – Suzana Kantardzic | <input type="checkbox"/> Los Angeles – Me Yeong Lee | <input type="checkbox"/> South Florida – Lynda Charles/
Sydell Hotson |
| <input type="checkbox"/> Chicago – Sandra Womack | <input type="checkbox"/> Michigan Statewide – Sonja Dean | |
| <input type="checkbox"/> Houston – Tracy Kartye | <input type="checkbox"/> Newark – Claudia Jackson | |

On a scale of 1 – 5 where “1” is “Strongly Disagree” and “5” is “Strongly Agree,” please circle the number that best represents your answer to the following statements.

	Strongly Disagree				Strongly Agree
I was interested in attending this session	1	2	3	4	5
I feel better equipped for my service	1	2	3	4	5
I learned skills I can use personally	1	2	3	4	5
I learned skills I can use at my site	1	2	3	4	5
The format was useful	1	2	3	4	5
The speakers were prepared	1	2	3	4	5
I have a better understanding of the processes needed to improve community conditions	1	2	3	4	5
I have a better understanding of my role in improving community conditions	1	2	3	4	5
It is likely that I will be an actively engaged citizen after service.	1	2	3	4	5

Have you received any training in this area from your CDC? Yes No

Have you received any training in this area from your local LISC office? Yes No

Would you like to receive additional training in this area? Yes No

Other comments/ suggestions

Thank You



**2005 – 2006 LISC AmeriCorps
Commercial Corridor Revitalization Evaluation**

Your Name (optional): _____

Which LISC office are you affiliated with?

- | | | |
|--|--|--|
| <input type="checkbox"/> Bay Area – Eric Brewer Garcia | <input type="checkbox"/> Jacksonville – Gene Montgomery | <input type="checkbox"/> Rhode Island – Maria Canton |
| <input type="checkbox"/> Boston – Suzana Kantardzic | <input type="checkbox"/> Los Angeles – Me Yeong Lee | <input type="checkbox"/> South Florida – Lynda Charles/
Sydell Hotson |
| <input type="checkbox"/> Chicago – Sandra Womack | <input type="checkbox"/> Michigan Statewide – Sonja Dean | |
| <input type="checkbox"/> Houston – Tracy Kartye | <input type="checkbox"/> Newark – Claudia Jackson | |

On a scale of 1 – 5 where “1” is “Strongly Disagree” and “5” is “Strongly Agree,” please circle the number that best represents your answer to the following statements.

	Strongly Disagree				Strongly Agree
I feel better equipped for my service	1	2	3	4	5
I learned skills I can use personally	1	2	3	4	5
I learned skills I can use at my site	1	2	3	4	5
The format was useful	1	2	3	4	5
The speakers were prepared	1	2	3	4	5

How would you rate your skill level in this area prior to the workshop? Please check only one box.

- I was an expert before this session
- I was very confident but was looking for a few pointers.
- I was confident with my skills in this area, but also knew I had more skills to learn.
- I had a general understanding of the topic but really needed training in the area.
- I was not confident at all.

How would you rate your skill level in this area now? Please check only one box.

- I am an expert in this area.
- I am very confident and learned some really good pointers.
- I am confident with my skills in this area.
- I still need a lot of training in the area.
- I still have no idea what this topic is about.

Over the course of the year, about how much of your service time is spent in this area?

- 100% 75% or less 50% or less 25% or less 0%

Have you received any training in this area from your CDC? Yes No

Have you received any training in this area from your local LISC office? Yes No

Would you like to receive additional training in this area? Yes No

Other comments/ suggestions

Thank You



**2005 – 2006 LISC AmeriCorps
Meeting Facilitation/ Management Evaluation**

Your Name (optional): _____

Which LISC office are you affiliated with?

- | | | |
|--|--|--|
| <input type="checkbox"/> Bay Area – Eric Brewer Garcia | <input type="checkbox"/> Jacksonville – Gene Montgomery | <input type="checkbox"/> Rhode Island – Maria Canton |
| <input type="checkbox"/> Boston – Suzana Kantardzic | <input type="checkbox"/> Los Angeles – Me Yeong Lee | <input type="checkbox"/> South Florida – Lynda Charles/
Sydell Hotson |
| <input type="checkbox"/> Chicago – Sandra Womack | <input type="checkbox"/> Michigan Statewide – Sonja Dean | |
| <input type="checkbox"/> Houston – Tracy Kartye | <input type="checkbox"/> Newark – Claudia Jackson | |

On a scale of 1 – 5 where “1” is “Strongly Disagree” and “5” is “Strongly Agree,” please circle the number that best represents your answer to the following statements.

	Strongly Disagree				Strongly Agree
I feel better equipped for my service	1	2	3	4	5
I learned skills I can use personally	1	2	3	4	5
I learned skills I can use at my site	1	2	3	4	5
The format was useful	1	2	3	4	5
The speakers were prepared	1	2	3	4	5
I feel better prepared to take on leadership roles	1	2	3	4	5

How would you rate your skill level in this area prior to the workshop? Please check only one box.

- I was an expert before this session
- I was very confident but was looking for a few pointers.
- I was confident with my skills in this area, but also knew I had more skills to learn.
- I had a general understanding of the topic but really needed training in the area.
- I was not confident at all.

How would you rate your skill level in this area now? Please check only one box.

- I am an expert in this area.
- I am very confident and learned some really good pointers.
- I am confident with my skills in this area.
- I still need a lot of training in the area.
- I still have no idea what this topic is about.

Have you received any training in this area from your CDC? Yes No

Have you received any training in this area from your local LISC office? Yes No

Would you like to receive additional training in this area? Yes No

Other comments/ suggestions

Thank You



MEMBER EXIT SURVEY 2005 – 2006

CITY/ LISC PROGRAM AFFILIATION _____

YOUR NAME (OPTIONAL) _____

We're interested in hearing your thoughts about your AmeriCorps experience so that we can continue to do what works well and make improvements where needed. Please take a few minutes to respond to the questions below. Your honest feedback is important to us and helps us have a program that is responsive to member needs.

PERSONAL INFORMATION

- 1. Was this your first service term with AmeriCorps? YES NO
- 2. If "NO," was this your first year as a LISC AmeriCorps member? YES NO
- 3. Are you a summer member (i.e. began serving in May of this year or later)? YES NO
- 4. Did you attend the National Orientation in October? YES NO

PROJECT DIRECTION AND SUPPORT

5. What are the primary activities, programs and/or services you provided as a LISC AmeriCorps Member(s) at your site? *Please check all that apply.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Development | <input type="checkbox"/> Distribution of |
| <input type="checkbox"/> Youth Enrichment Programs | <input type="checkbox"/> Neighborhood Revitalization | Informational Materials |
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Form Neighborhood Groups | <input type="checkbox"/> Tax Preparation Assistance/ |
| <input type="checkbox"/> Workshops/Training | <input type="checkbox"/> Strengthen Neighborhood Groups | Job Training/Referral |
| <input type="checkbox"/> Publishing Newsletters | <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Community Policing/ |
| <input type="checkbox"/> Other | (Merchants/ Tenant Assoc.) | Crime Watch |

6. On a scale of 1 to 5 where "1" means "Not Helpful" and "5" means "Very Helpful," please rate the following statements:

	<u>Not Helpful</u>				<u>Very Helpful</u>
	1	2	3	4	5
National LISC staff was helpful in providing continuing assistance and clarity about my role, responsibility and rights as an AmeriCorps member.	1	2	3	4	5
Local LISC staff was helpful in providing continuing assistance and clarity about my role, responsibility and rights as an AmeriCorps member.	1	2	3	4	5
My placement site (CDC) was helpful in providing continuing assistance and clarity about my role, responsibility and rights as an AmeriCorps member.	1	2	3	4	5

7. Please provide an example of how National LISC staff, local LISC staff, or your placement site was/ was not helpful in providing continuing assistance and clarity about your role, responsibility and rights as an AmeriCorps member.

LIFE AFTER AMERICORPS

8. Upon finishing this year of service in AmeriCorps do you plan to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Reenroll in AmeriCorps | <input type="checkbox"/> Enroll in a 2 year degree program |
| <input type="checkbox"/> Seek full time employment at host site or other community based organization | <input type="checkbox"/> Enroll in a 4 year degree program |
| <input type="checkbox"/> Seek full time employment elsewhere | <input type="checkbox"/> Enroll in graduate school |
| <input type="checkbox"/> Not sure yet | <input type="checkbox"/> Other:(Please specify) _____ |

9. What impact has your year of service with AmeriCorps and your placement site had on this decision?

10. What was your goal in joining AmeriCorps? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> To get an education award | <input type="checkbox"/> To get a job/ earn money |
| <input type="checkbox"/> To help others/ perform a community service | <input type="checkbox"/> To be a part of a national movement |
| <input type="checkbox"/> To learn about or work with different ethnic/ cultural groups | <input type="checkbox"/> To explore future job/ education interests |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> To get involved with community development |

11. Do you feel that your goal – as indicated above – was met? YES NO
Why/ Why not?

12. Do you plan to volunteer/provide service in your community during the coming year? YES NO
If YES, in which of the following ways do you plan to be involved?

SERVICE ACTIVITY	INVOLVEMENT				
	Absolutely	Very Likely	Likely	Not very Likely	Not at All
I WILL ...					
Be aware of my community's needs					
Provide solutions/services to help meet my community's needs					
Participate in community boards, government, or forums					
Volunteer my time to community organizations and events					
Look for ways to express my opinions in the community					
Assist my neighbors when they need help					
Find ways to give back to the community					
Learn about community resources and services					
Vote					
Work in non-profit/community development arena					
Other:					

TRAINING OPPORTUNITIES

13. What areas did you receive training on throughout your service year? *Please check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Effective Communication
<input type="checkbox"/> Computers (Spreadsheets, Word Processing)
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Planning/Time Management
<input type="checkbox"/> Dealing With Diversity
<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Meeting Facilitation & Planning
<input type="checkbox"/> CPR/First Aid
<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Career Plan Development
<input type="checkbox"/> Resume/Cover letter Writing
<input type="checkbox"/> Effective Work Strategies
<input type="checkbox"/> Data Collection Techniques | <input type="checkbox"/> Affordable Housing Development
<input type="checkbox"/> Community Organizing
<input type="checkbox"/> Designing & Managing Youth Programs
<input type="checkbox"/> Economic Development/ Commercial Corridor
<input type="checkbox"/> EIC Education
<input type="checkbox"/> Home Ownership Counseling
Tenant Counseling/Organizing
<input type="checkbox"/> Neighborhood Outreach
<input type="checkbox"/> Resource Identification
<input type="checkbox"/> Team Building/Collaboration
<input type="checkbox"/> Volunteer Recruitment |
|---|--|

14. On a scale of 1 to 5 where “1” means “Not at All” and “5” means “A Lot,” please rate how much you feel your skills improved in each area that you received training in over the course of your service year. Please do not rate an area if you did not receive training in that area.

	<u>Not at All</u>				<u>A Lot</u>	
Effective Communication	1	2	3	4	5	N/A
Computers (Spreadsheets, Word Processing)	1	2	3	4	5	N/A
Public Speaking	1	2	3	4	5	N/A
Planning/Time Management	1	2	3	4	5	N/A
Dealing With Diversity	1	2	3	4	5	N/A
Conflict Resolution	1	2	3	4	5	N/A
Meeting Facilitation & Planning	1	2	3	4	5	N/A
CPR/First Aid	1	2	3	4	5	N/A
Grant Writing	1	2	3	4	5	N/A
Career Plan Development	1	2	3	4	5	N/A
Resume/Cover letter Writing	1	2	3	4	5	N/A
Effective Work Strategies	1	2	3	4	5	N/A
Data Collection Techniques	1	2	3	4	5	N/A
Affordable Housing Development	1	2	3	4	5	N/A
Community Organizing	1	2	3	4	5	N/A
Designing & Managing Youth Programs	1	2	3	4	5	N/A
Economic Development/ Commercial Corridor	1	2	3	4	5	N/A
EIC Education	1	2	3	4	5	N/A
Home Ownership Counseling	1	2	3	4	5	N/A
Neighborhood Outreach	1	2	3	4	5	N/A
Resource Identification	1	2	3	4	5	N/A
Team Building/Collaboration	1	2	3	4	5	N/A
Volunteer Recruitment	1	2	3	4	5	N/A

15. What skills did you use at your placement site/ CDC throughout your service year? *Please check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Effective Communication | <input type="checkbox"/> Affordable Housing Development |
| <input type="checkbox"/> Computers (Spreadsheets, Word Processing) | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Designing & Managing Youth Programs |
| <input type="checkbox"/> Planning/Time Management | <input type="checkbox"/> Economic Development/ Commercial Corridor |
| <input type="checkbox"/> Dealing with Diversity | <input type="checkbox"/> EIC Education |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Home Ownership Counseling |
| <input type="checkbox"/> Meeting Facilitation & Planning | <input type="checkbox"/> Tenant Counseling/Organizing |
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Neighborhood Outreach |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Resource Identification |
| <input type="checkbox"/> Career Plan Development | <input type="checkbox"/> Team Building/Collaboration |
| <input type="checkbox"/> Resume/Cover letter Writing | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Effective Work Strategies | |
| <input type="checkbox"/> Data Collection Techniques | |

16. On a scale of 1 to 5 where “1” means “Not at All” and “5” means “A Lot,” please rate how confident you feel with your skills in these areas. Please do not rate an area if you did not receive training in that area.

	<u>Not at All</u>				<u>A Lot</u>	
Effective Communication	1	2	3	4	5	N/A
Computers (Spreadsheets, Word Processing)	1	2	3	4	5	N/A
Public Speaking	1	2	3	4	5	N/A
Planning/Time Management	1	2	3	4	5	N/A
Dealing With Diversity	1	2	3	4	5	N/A
Conflict Resolution	1	2	3	4	5	N/A
Meeting Facilitation & Planning	1	2	3	4	5	N/A
CPR/First Aid	1	2	3	4	5	N/A
Grant Writing	1	2	3	4	5	N/A
Career Plan Development	1	2	3	4	5	N/A
Resume/Cover letter Writing	1	2	3	4	5	N/A
Effective Work Strategies	1	2	3	4	5	N/A
Data Collection Techniques	1	2	3	4	5	N/A
Affordable Housing Development	1	2	3	4	5	N/A
Community Organizing	1	2	3	4	5	N/A
Designing & Managing Youth Programs	1	2	3	4	5	N/A
Economic Development/ Commercial Corridor	1	2	3	4	5	N/A
EIC Education	1	2	3	4	5	N/A
Home Ownership Counseling	1	2	3	4	5	N/A
Neighborhood Outreach	1	2	3	4	5	N/A
Resource Identification	1	2	3	4	5	N/A
Team Building/Collaboration	1	2	3	4	5	N/A
Volunteer Recruitment	1	2	3	4	5	N/A

17. What training opportunities (workshops/ sessions) did the local LISC office provide to assist you with your service?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

18. What training opportunities (workshops/ sessions) did your CDC provide to assist you with your service?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

19. On a scale of 1 to 5 where “1” means “Not Helpful” and “5” means “Very Helpful,” please rate the following statements:

	<u>Not Helpful</u>					<u>Very Helpful</u>	
	1	2	3	4	5		
The workshops offered at the national orientation were helpful in preparing me for my service.	1	2	3	4	5		N/A
The workshops offered through the local LISC program were helpful in preparing me for my service.	1	2	3	4	5		N/A
The workshops offered through my placement site/ CDC were helpful in preparing me for my service.	1	2	3	4	5		N/A

20. Please provide examples of how the national orientation, local LISC trainings, and/or CDC trainings could have better prepared you for your service.

PROGRAM SATISFACTION

21. During the course of this service year, did you have an issue or concern which you sought advice/ guidance from:

- A. Your local LISC supervisor? YES NO
- B. National LISC staff? YES NO

If “YES,” please identify a problem you may have encountered where the staff assistance received was provided professionally, sensitively or well.

22. On a scale of 1 to 5 where “1” means “Not Well” and “5” means “Very Well,” please rate the following statements:

	<u>Not Well</u>					<u>Very Well</u>	
The service I received from National LISC staff on individual needs was professional and sensitive to my needs at that time.	1	2	3	4	5		N/A
The service I received from National LISC staff on administrative support – payment of living allowance, direct deposit/ UPS, communication, travel arrangements, etc.	1	2	3	4	5		N/A
The service I received from Local LISC staff on individual needs was professional and sensitive to my needs at that time.	1	2	3	4	5		N/A

23. On a scale of 1 to 5 where “1” means “Poor” and “5” means “Excellent,” please complete the following statements:

	<u>Poor</u>					<u>Excellent</u>	
My experience with my placement site/ CDC was:	1	2	3	4	5		N/A
My experience with the AmeriCorps program was:	1	2	3	4	5		N/A
My overall satisfaction with the LISC AmeriCorps program was:	1	2	3	4	5		N/A

24. Please use this space to provide any other comments or recommendations that you would like to share with us.

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS SURVEY



**2005 – 2006 LISC AmeriCorps
Overall Training Evaluation – Houston, TX**

Your Name (optional): _____

Which LISC office are you affiliated with?

- | | | |
|--|--|--|
| <input type="checkbox"/> Bay Area – Eric Brewer Garcia | <input type="checkbox"/> Jacksonville – Gene Montgomery | <input type="checkbox"/> Rhode Island – Maria Canton |
| <input type="checkbox"/> Boston – Suzana Kantardzic | <input type="checkbox"/> Los Angeles – Me Yeong Lee | <input type="checkbox"/> South Florida – Lynda Charles/
Sydell Hotson |
| <input type="checkbox"/> Chicago – Sandra Womack | <input type="checkbox"/> Michigan Statewide – Sonja Dean | |
| <input type="checkbox"/> Houston – Tracy Kartye | <input type="checkbox"/> Newark – Claudia Jackson | |

Would you like to be on the National LISC AmeriCorps List Serve? YES No

If yes, please provide an e-mail address where you would like to receive messages

On a scale of 1 – 5 where “1” is “Strongly Disagree” and “5” is “Strongly Agree,” please circle the number that best represents your answer to the following statements.

	Strongly Disagree				Strongly Agree
I was interested in attending the training	1	2	3	4	5
I feel better equipped for my service	1	2	3	4	5
I feel better able to take on leadership roles in my community	1	2	3	4	5
I learned skills I can use personally	1	2	3	4	5
I learned skills I can use at my site	1	2	3	4	5
The format was useful	1	2	3	4	5
The speakers were prepared	1	2	3	4	5

Which of the elective workshops did you attend?

- | | |
|--|--|
| <input type="checkbox"/> Active Listening | <input type="checkbox"/> Community Organizing
How to Assess Neighborhoods |
| <input type="checkbox"/> Beyond Conflict:
Conflict and Communication | <input type="checkbox"/> Community Organizing
Techniques to Reach People |
| <input type="checkbox"/> Beyond Conflict: Conflict Resolution for
Community Organizers | <input type="checkbox"/> Meeting Management/
Facilitation Skills |
| <input type="checkbox"/> Beyond Conflict:
Resolving Conflict Creatively | <input type="checkbox"/> Project Planning Skills |
| <input type="checkbox"/> Commercial Corridor Revitalization | <input type="checkbox"/> Public Speaking Skills |
| <input type="checkbox"/> Commercial Corridor Revitalization: Real
Solutions for Real Issues | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Community Asset Mapping | <input type="checkbox"/> Volunteer Recruitment &
Management Strategies |
| <input type="checkbox"/> Community Organizing 202 –
Creating Communities of Potential | <input type="checkbox"/> Youth Development |

OVER



2005 – 2006 LISC AmeriCorps
Overall Training Evaluation – Huston, TX

Your Name (optional): _____

On a scale of 1 to 5 where 1 is “Not Useful” and 5 is “Very Useful” please rate the following workshops. If you did not attend a workshop, please put an “X” in the blank.

- | | |
|---|---|
| _____ Active Listening | _____ Community Organizing
How to Assess Neighborhoods |
| _____ Beyond Conflict:
Conflict and Communication | _____ Community Organizing
Techniques to Reach People |
| _____ Beyond Conflict: Conflict Resolution for
Community Organizers | _____ Meeting Management/
Facilitation Skills |
| _____ Beyond Conflict:
Resolving Conflict Creatively | _____ Project Planning Skills |
| _____ Commercial Corridor Revitalization | _____ Public Speaking Skills |
| _____ Commercial Corridor Revitalization: Real
Solutions for Real Issues | _____ Time Management |
| _____ Community Asset Mapping | _____ Volunteer Recruitment &
Management Strategies |
| _____ Community Organizing 202 –
Creating Communities of Potential | _____ Youth Development |

Were there any sessions that you felt should have been offered?

What additional topics would you like to have offered either by your CDC or local LISC office?

Other comments/ suggestions

Thank You

LISC AMERICORPS SITE SATISFACTION SURVEY

LISC Site Supervisor:	City:
Position Title:	Date:
Placement Site:	LISC AmeriCorps Member:

LISC AmeriCorps is asking its placement sites to evaluate its work as a national initiative. Please respond to the following questions regarding your experience with the program. Your comments will help us to strengthen our program and services. Your responses will be kept strictly confidential and will only be reported in summarized form. Thank you for your time and continued support.

1. How many years has your organization participated with the LISC AmeriCorps Program?

<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5 years
<input type="checkbox"/> 6 years	<input type="checkbox"/> 7 years	<input type="checkbox"/> 8 years	<input type="checkbox"/> 9 years	<input type="checkbox"/> 10+ years

2. How many LISC AmeriCorps members have been placed at your organization?

<input type="checkbox"/> 1 – 3	<input type="checkbox"/> 4 – 6	<input type="checkbox"/> 7 – 10	<input type="checkbox"/> 10+
--------------------------------	--------------------------------	---------------------------------	------------------------------

3. Is this your first year as a LISC AmeriCorps Site Supervisor? YES NO
 If “NO,” how many years have you been a LISC AmeriCorps Site Supervisor?

<input type="checkbox"/> Under 2 years	<input type="checkbox"/> 2 – 4 years	<input type="checkbox"/> 5 – 7 years	<input type="checkbox"/> 8 – 11 years
--	--------------------------------------	--------------------------------------	---------------------------------------

4. What are the primary activities, programs and/or services provided by the LISC AmeriCorps Member(s) at your site? *Please check all that apply.*

<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Development	<input type="checkbox"/> Distribution of Informational Materials
<input type="checkbox"/> Youth Enrichment Programs	<input type="checkbox"/> Neighborhood Revitalization	<input type="checkbox"/> Tax Preparation Assistance/ Job Training/Referral
<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Form Neighborhood Groups	<input type="checkbox"/> Community Policing/ Crime Watch
<input type="checkbox"/> Workshops/Training	<input type="checkbox"/> Strengthen Neighborhood Group	
<input type="checkbox"/> Publishing Newsletters	<input type="checkbox"/> Community Organizing (Merchants/Tenant Assoc. etc)	
<input type="checkbox"/> Other		

5. How many months have you been supervising the work of this member: _____

6. On average, how frequently do you meet with the member? *Please check only one*

<input type="checkbox"/> Once a month	<input type="checkbox"/> Once a week	<input type="checkbox"/> Only when a problem arises
<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Daily	

7. On average, how long do your meetings with the member last?

<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 – 2 hours	<input type="checkbox"/> As much time is needed
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8. Did the local LISC office assist with the recruitment of this member? YES NO

9. Did the local LISC office conduct an interview with the member before an offer to serve was extended?

<input type="checkbox"/> YES <input type="checkbox"/> NO
--

10. Have you had any placement site issues? YES NO

If yes, please explain how LISC helped to resolve the matter.

11. Would you recommend the LISC AmeriCorps program to other CDCs and non-profit organizations? YES NO

If “NO,” which of the following reasons would apply?

- | | |
|--|--|
| <input type="checkbox"/> Cost prohibitive | <input type="checkbox"/> Member(s) not qualified to perform the work |
| <input type="checkbox"/> Level of supervision required | <input type="checkbox"/> Limit to scope of member activities |
| <input type="checkbox"/> Too much paperwork | |

Using the rating scale indicated, please rate the LISC AmeriCorps program for each question/ statement.

“Excellent”	“Good”	“Average”	“Fair”	“Poor”
5	4	3	2	1

Question	Rating	Additional Comments
12. How well did the objectives & suggested activities for the program fit the mission and scope of work of your organization?		
13. How clear were the LISC AmeriCorps service objectives and program expectations?		
14. How would you rate the member’s level of professionalism, work ethic, attendance and motivation?		
15. How well did the training LISC offered to members help them perform their service activities?		
16. How would you rate the benefit of monthly meetings to members?		
17. How would you rate the AmeriCorps member’s ability to meet organizational needs?		
18. How would you rate the Member’s ability to meet community needs?		
19. How would you rate the member’s ability to recruit and train volunteers to take on the responsibility for initiating events or activities that are of benefit or interest to the community? (If volunteer recruitment was not part of the member’s responsibility – please indicate that in the comments box)		
20. How would you rate the organization’s capacity to offer an increased level of services to the community as a result of the AmeriCorps member’s placement?		
21. How well did LISC help to resolve any placement site related issues you may have encountered?		
22. How would you rate the level of support you received to manage the AmeriCorps member?		
23. How effective is the LISC AmeriCorps program at attracting and recruiting people into the community development field?		
24. Please rate your overall satisfaction with the LISC AmeriCorps program.		
25. Other:		

26. How do you raise the match requirement for the member's placement? *Please check all that apply.*
- | | | | |
|--------------------------|-------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Developer Fees | <input type="checkbox"/> | Special Events/ Fundraisers |
| <input type="checkbox"/> | Other Earned Revenue | <input type="checkbox"/> | City Government |
| <input type="checkbox"/> | General Operating Funds | <input type="checkbox"/> | State Government |
| <input type="checkbox"/> | Foundation Support | <input type="checkbox"/> | Other: _____ |

27. What collaborations and/ or partnerships were formed or strengthened as a result of the AmeriCorps member's work? *Please check all that apply.*
- | | | | |
|--------------------------|--------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | City Government/Agencies | <input type="checkbox"/> | Non-Profit Groups/ Associations |
| <input type="checkbox"/> | Block Associations/ Community Groups | <input type="checkbox"/> | Police/ Crime Watch Groups |
| <input type="checkbox"/> | Faith Based Organizations/ Churches | <input type="checkbox"/> | Schools |
| <input type="checkbox"/> | Funders/ Individuals | <input type="checkbox"/> | Small Business/ Merchant Associations |
| <input type="checkbox"/> | Health Providers | <input type="checkbox"/> | Other: _____ |

28. Was your organization able to offer any new programs or services as a result of having the member serve at your organization? YES NO

If you answered "YES," please answer the next three questions. If you answered "NO," please skip to question 29.

- a. Have any of the new services or programs become institutionalized as a result of the member's activities? YES NO

- b. Will your organization be able to sustain the work of the member without the placement of another AmeriCorps member? YES NO

c. Please provide an explanation for your response to either question 28 (a) or 28 (b).

29. Please describe any ways that the larger community benefited from having an AmeriCorps member placed at your organization.
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30. Please provide any comments/ suggestions on ways to strengthen the LISC AmeriCorps Program.
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Thank you very much for your time.