



## VOLUNTEER EVALUATION

Name (Optional) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Did you receive adequate instructions for helping out as a Kids Voting Volunteer/Precinct Captain?  Yes  No

Comments:

2. What was your overall impression of the Kids Voting materials? (Ballots? Volunteer buttons? Voting booths? Etc...)

Very Favorable  Favorable  Unfavorable  No opinion

Comments:

3. What was your overall impression of the Kids Voting Program?

Very Favorable  Favorable  Unfavorable  No opinion

Comments:

4. Any suggestions or comments that would help us improve Kids Voting Election Day activities? (Please use the back if more space is needed)

5. Would you be interested in being a volunteer in the future?

Yes  No

Please return to your precinct captain or mail to: Dr. Richard Coe, Kids Voting Southeast PA, P.O. Box 372, Washington Crossing, PA 18977, or [rocoe@comcast.net](mailto:rocoe@comcast.net).

Thanks for all your help!