



A Nazarene Lay Ministry

This form can be filled out on this computer and then printed or downloaded to save.

ROAM EVALUATION

Project: _____ Date: _____

Project Location: _____

Based on your project experience, please give us your opinion on the following questions by selecting the appropriate rating number from the drop down menu. If you have additional comments, please feel free to note them. We appreciate your comments.

4-Excellent, 3-Good, 2-Fair, 1-Poor, leave empty if not applicable

1. ROAM members arrived on schedule

2. If there was a ROAM team:

- a) The relationship of the team leader to the project host and team members.....
- b) Interaction of team members was
- c) Interaction of team members with local people was.....

3. The work accomplished by ROAMers was.....

4. Communication with the ROAM office was.....

5. What overall rating would you give this ROAM experience?

Additional Comments about the experience with ROAM Members for this project.

NAME _____(Optional)

Please Email completed form to ROAM Office: office@rvsonamission.org
Or mail to: ROAM, Inc., PO Box 480876 Kansas City, MO 64148