

# WOW PARTICIPATION QUESTIONNAIRE

Student Name: \_\_\_\_\_

WOW Team Leader: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Work Date: \_\_\_\_\_

Time Started: \_\_\_\_\_ Time Left: \_\_\_\_\_

What did you do during your volunteer time?

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Who started the Organization? Why?

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Accomplishments of Organization:

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Best Part of the Day? Hardest Part of the Day?

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What would you like to do to improve the organization?

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What kind of Community-based organization would you like to start?

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Would you like to participate in this outreach again? Why or why not?

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Signature of Outreach Leader:

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Signature of Parent or Guardian:

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Signature of Student:

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Signature of Faculty Member upon Turning In and Date

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