

## CHURCH OF CHRIST SOJOURNER MISSION SOJOURN EVALUATION

Name of	congrega	tion, sc	hool or	camp							
City					State		:	Zip			
<b>GROUP T</b>	O TAKE A	NY COI	RRECTI	VE ACT	ION NE	CESSAI	RY OR T	O IMPI	ROVE T	E DIRECTO HE SOJOU of this pape	RNER
1. Now th scale of 0 -		e seen the	e SOJOU	RNERS	at work	, how wo	ould you	rank the	eir overa	ll effectiven	ess on a
	0	1	2	3	4	5	6	7	8	9	
2. Which	program, a	ctivity, o	or idea pi	resented	do you t	hink ben	efited yo	our effor	ts most?		
3. What r	ecommend	ations w	ould you	make to	improve	e the SO.	JOURNI	ERS effe	ctiveness	?	
4. What is	s your opin	ion of the	e SOJOU	JRNERS	concept	?					
5. What is	s your opin	ion of the	e SOJOU	JRNERS	who wo	rked the	re on the	e recent	visit?		
6. Would	you recom	mend the	e SOJOU	RNERS	return t	o work v	vith you	at some	time in t	he future?	
YES proces	IF yes	, please s	submit th	ie attach	ed Requ	est for H	elp form	and lial	oility wa	iver for	
When?		<u>.</u>	NO	Reaso	n:						-
7. What p	orograms, a	ctivities,	or ideas	would y	ou recon	nmend tl	ne SOJO	URNER	S presen	t next time?	,
8. Please e	valuate, by	name, a	ny Sojou	rner tha	t was es <sub>l</sub>	pecially l	nelpful o	r effectiv	e while v	working with	h you.
9. Please	evaluate, by	y name, a	any Sojoi	ırner tha	at might	have cau	sed any	problem	s while v	working with	h you.
10. How n	nuch money	did Soj	ourners s	save chu	rch, cam	pground	, childre	n's hom	e, etc.		
Date		_	Signed_				, ,,				
			Teac	her, pre	acher, el	der, men	ıber, dir	ector, ot	her		

Mail to: Co-Director of Sojourns 5554 Cooks Road Marshall, TX 75670-9130