



**CHURCH OF CHRIST SOJOURNER MISSION
SOJOURN EVALUATION**

Name of congregation, school or camp _____

City _____ State _____ Zip _____

THIS INFORMATION WILL NOT BE MADE PUBLIC BUT WILL BE USED BY THE CO-DIRECTORS TO TAKE ANY CORRECTIVE ACTION NECESSARY OR TO IMPROVE THE SOJOURNER MISSION. (If more space is needed for comments please feel free to write on the back of this paper)

1. Now that you have seen the SOJOURNERS at work, how would you rank their overall effectiveness on a scale of 0 - 9?

0 1 2 3 4 5 6 7 8 9

2. Which program, activity, or idea presented do you think benefited your efforts most?

3. What recommendations would you make to improve the SOJOURNERS effectiveness?

4. What is your opinion of the SOJOURNERS concept?

5. What is your opinion of the SOJOURNERS who worked there on the recent visit?

6. Would you recommend the SOJOURNERS return to work with you at some time in the future?

YES _____ IF yes, please submit the attached Request for Help form and liability waiver for processing.

When? _____ NO _____ Reason: _____

7. What programs, activities, or ideas would you recommend the SOJOURNERS present next time?

8. Please evaluate, by name, any Sojourner that was especially helpful or effective while working with you.

9. Please evaluate, by name, any Sojourner that might have caused any problems while working with you.

10. How much money did Sojourners save church, campground, children's home, etc.

Date _____

Signed _____

Teacher, preacher, elder, member, director, other _____

Mail to: Co-Director of Sojourns
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Marshall, TX 75670-9130
Email to: office@sojourning.org