



PROGRAM AND SERVICE CENTER EVALUATION FORM

Service Unit or Troop (if applicable): Camp Use (camporee, program, etc...):	Program or Service Center: Date(s): Units:
Name: Home Address:	Email Address: Phone Number: Mobile Number:

Please use this form to communicate with the Council's Facilities Department for improvements, suggestions and/or any other important items that should be addressed concerning the Program/Service Center.

1. Was Ranger/Caretaker Present at check in/out? **Yes** **NO**

2. Was Ranger/Caretaker helpful with check in/out? **Yes** **NO**

3. Did you receive a call from a caretaker/ranger prior to your stay for Program/Service Center access instructions and other information? **Yes** **NO**

4. Were you able to find maps and other useful information either via internet or through mail from a staff member?
 Yes **NO**

5. Was the unit in your Program or Service Center clean and set up upon arrival? **Yes** **No**

6. If you reserved the use of the Commercial Kitchen, were you offered an orientation of use by your ranger prior to your use?
 Yes **NO**

7. On a Scale of 1-3 (1= Excellent; 3= Not acceptable) Did the Program/Service Center used meet your expectations? **1** **2** **3**

Please Explain:

8. Was the reservation process for your Program or Service Center a good experience? **Yes** **NO**

If you answered no to question 8 please explain:

ADDITIONAL COMMENTS AND OR SUGGESTIONS