

EVALUATION OF SUPPORT FOR MINISTRY

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP US UNDERSTAND HOW YOU EVALUATE THE SUPPORT RECEIVED FOR YOUR EVENT/MINISTRY/FACILITY USAGE.

Your Name: _____ Date & Time of Facility Usage: _____

Ministry/Event Involved: _____

1. Was the building open in time to give you and your team access when requested?

Answer: Yes No Comment:

2. If you requested tables and chairs, were they set up as needed?

Answer: Yes No Comment:

3. If you requested audio/visual support, were these things set up as needed?

Answer: Yes No Comment:

4. If you requested use of the kitchen, was it accessible, clean, working equipment and adequate supplies?

Answer: Yes No Comment:

5. Did you and your ministry team leave the kitchen in clean condition?

Answer: Yes No Comment:

6. How would you evaluate the event/ministry on the day in question?

Answer: Yes No Comment:

7. Were any GCA leaders, staff or volunteers on hand to lock and secure the building after your ministry/event?

Answer: Yes No Comment:

8. Any suggestions or comments?