



## **Volunteer Evaluation/Comment**

Please give us a few details about the project/service opportunity you participated in on behalf of the St. Louis chapter of PRSA. *Please be specific in your descriptions*, and if applicable, please attach any documentation/copies of public materials related to the project. The information you provide will help the Community Outreach committee give proper recognition to all volunteers, as well as evaluate its efforts according to the mission of PRSA.

**Volunteer's Name** \_\_\_\_\_

**Agency's Name** \_\_\_\_\_

**Description of Project/Service** (*Please be specific.*)

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**Date(s) of Service** \_\_\_\_\_

**Hours/Time Involved** \_\_\_\_\_

**Was the estimated time commitment accurate/realistic? Please explain.**

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## **COMMENTS**

**Signature** \_\_\_\_\_

*Date*

**PRSA Affiliation (Professional Member, Student, etc.)** \_\_\_\_\_

**PLEASE RETURN TO:** PRSA St. Louis  
ATTN: Community Outreach  
405 Maple Leaf Court  
Manchester, MO 63021

*Please return within five days of completing your service project.*