



Agency Evaluation/Comments

Please give us a few details about the project/service opportunity performed by the volunteer from the St. Louis chapter of the Public Relations Society of America, PRSA. *Please be specific in your descriptions*, and if applicable, attach any copies of public materials related to the project. The information you provide will help the Community Outreach committee evaluate its efforts and give proper recognition to agencies and volunteers.

Agency's Name _____

Volunteer's Name _____

Description of Project/Service

Date(s) of Service _____

Hours/Time Involved _____

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

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 project's completion.