

<<Program name. program year>>
Program Improvement Survey

Member Name _____

Date: _____ Host Site: _____

What experience have you gained by participating in the AmeriCorps program? _____

Name three qualities/characteristics that you have developed as an effective AmeriCorps member:

1. _____
2. _____
3. _____

How would you rate the healthcare benefits provided by AmeriCorps:

Excellent Good Fair Poor

Did you use the prescription drug coverage? Yes No

Did you use the dental coverage? Yes No

How do you plan to utilize your AmeriCorps experience in the future? _____

Do you plan on furthering your education or beginning a career with an agency that's related to this program's mission? Yes No

How will you use your education award? _____

What are your immediate plans following completion of the program? _____

Would you recommend this program to another person? Yes No Explain: _____

Other Comments (strengths, improvement areas, suggestions for improvements): _____

Member Signature: _____ Date: _____

Program Director Signature: _____ Date: _____