EVALUATION OF PROGRAM

Submit this completed form with your application form at the second year and all subsequent years for Advance Approval.

1. How many persons were served in the past year? _____

2. List the kinds of services provided:

3. Is there an intentional witness to the Christian Faith, and if so, how is it communicated?

   a) Can you give an example or two?

4. Have you had opportunities to share the story of your project with area churches?

   How many? How many United Methodist Churches?

   How many United Methodist Churches outside Holston Conference?

5. How many United Methodist Churches supported your program?

   a) with financial gifts _____ total amount _____

   b) with volunteer workers _____ total number workers _____

6. Please secure an evaluation of your program from at least one of the following:

   a) A person served
   b) A volunteer staff worker (if any)
   c) A paid staff worker (if any)
   d) A local United Methodist pastor
   e) The United Methodist District Superintendent or Bishop in your area

7. Do you have other comments you would like to share concerning your program?