





# The Girls' Friendly Society Event Evaluation Form

What benefits to your volunteering in GFS did this event provide?

---

---

---

---

---

---

---

---

---

---

What other activities were covered at this event?

---

---

---

---

---

---

---

---

---

---

List the opportunities for improving this event if you were to hold it again at a future date.

---

---

---

---

---

---

---

---

---

---

\*\*\* For Office Use Only \*\*\*

Date evaluation received at Oak House:

DD | MM | YYYY