



VOLUNTEER POST DEPLOYMENT ASSESSMENT

What problems/needs were evident in your surroundings? _____

Complete the log below (feel free to use the back of the sheet if you are volunteering for more than 6 days):

Date	Hours worked	Hours of training provided and number trained	Number of patients seen

How many different cases you treated and what equipment(s) were used to do so? Be sure to list the different cases as well. _____

Upon completion, fax or return via email to Deployments@konbitforhaiti.org



How was your workload and did you find time for yourself to relax between shifts? Indicate whether you worked the night or day shift. _____

What relevant resources were available and what may be needed? List any medication you prescribe and what medications may need to be more readily available. _____

On a scale of 1-10, how would you rate the organization you worked with (10 being the greatest)? How were the accommodations? Meals? What are your thoughts about the services provided to you by KONBIT for Haiti? _____

What recommendations would you offer to make the experience a better one? Feel free to add any additional comments. _____

THANK YOU! YOUR SUPPORT IS GREATLY APPRECIATED!

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