DINSHA PATEL COLLLEG OF NURSING, NADIAD

Managed by Mahagujarat Medical Society, Nadiad

NATIONAL SERVICE SCHEME UNIT

CAMP FEEDBACK FORM

Name of the Volunteer……. Date……

We value the feedback of our campers (NSS Camp at Palana Dated_____to _____) and strive to meet your needs to make your camping experience pleasant. Please complete and return this feedback form to us at your earliest convenience. Thank you for your valuable feedback.

1. Camp Facilities And Accommodation:

How did you find the facilities (i.e. Accommodation, amenities, hall, kitchen)?

Very Good ☐ Good ☐ Average ☐ Needs attention ☐

Comments: ----------

2. Camp Catering And Food:

How did you find the catering And Food (i.e. variety / portion sizes / menu, Food Quality)?

Very Good ☐ Good ☐ Average ☐ Needs attention ☐

Comments: ----------

3. Programmed Activities (if applicable):

How would you rate the activities during the program?

Very Good ☐ Good ☐ Average ☐ Needs attention ☐

Comments:----------

4. Staff

How would you rate your experience with our staff?

Very Good ☐ Good ☐ Average ☐ Needs attention ☐

Comments:----------

5. Cleanliness

How would you rate the hygiene/cleanliness of our facilities – eg toilet blocks, cabins, hall.

Very Good ☐ Good ☐ Average ☐ Needs attention ☐

Comments:----------

6. Presentation/ Lecture

Overall how would you rate our campsite presentation –

Very Good ☐ Good ☐ Average ☐ Needs attention ☐

Suggestions:----------

7. Safety

Did you feel that all activities were conducted in a safe manner?

Very Safe ☐ Adequate ☐(please detail below) More care required ☐(please detail below)

Suggestions:----------

---

8. General Comments:-

Volunteer Signature----------

----------Thank you----------