

# Election Page Program –Evaluation

**Name (optional)** \_\_\_\_\_

**High School** \_\_\_\_\_

**Assigned Polling Place** \_\_\_\_\_

## **Training**

What did you LIKE about the training? Why?

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What you did NOT like about the training? Why?

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## **Shift Schedule**

Was it too short, too long? Why?

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## **Assigned Polling Place**

How did it feel to work at the polls on Election Day?

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How was it working with the Election Officials?

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Did you tell a friend about your experience at the polls? Why?

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Would you recommend your friend to participate in this program?

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Other Suggestions:

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Mail it to: Voter Registration and Elections  
County of Henrico  
P.O. Box 27032, Richmond, VA 23273-7032  
Phone: (804) 501-4347  
Attention : Leslie Carpenter