
CCB Evaluation Form

Name _____

Building Location _____

District _____

Certified Club Builder(s) _____

Date(s) of Visit _____

Did the CCB contact you prior to his/her arrival? Y N

Was the CCB adequately prepared for your needs? Y N

Did you make significant progress on the New Club project? Y N

Would you use a CCB for a future New Club project? Y N

If you had the opportunity to become a CCB, would you consider entering the program? Y N

Did the CCB meet your expectations? Y N

If no, please explain. _____

What, if anything, did the CCB do that gave you insight into New Club building? _____

How would you rate your overall experience with the CCB?

Negative 1 2 3 4 5 Positive

Additional Comments: _____

Once completed, please return to Optimist International's New Community Growth Department.

New Community Growth Department
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