

VOLUNTEER EVALUATION

Volunteer Name: Assignment:	Start date: Orientation Date:
Supervisor: Department:	Daytime Phone: Best Time to Call:
DESCRIBE YOUR RELATIONSHIP WITH YOUR SUPERVISOR	
DESCRIBE YOUR RELATIONSHIP WITH OTHER TEAM MEMBERS	
HOW IS YOUR WORK LOAD (TOO MUCH OR TOO LITTLE?)	
ARE THE HOURS YOU WORK STILL OKAY? ANY CHANGES YOU WOULD REQUEST?	
PLEASE TALK ABOUT THE TRAINING YOU RECEIVED FOR THIS POSITION.	
WHAT ARE YOUR STRENGTHS WITHIN THE JOB YOU DO NOW?	
WHAT DO YOU STRUGGLE WITH IN THE JOB YOU DO NOW?	
WHAT CONCERNS DO YOU HAVE?	
ON A SCALE OF 1 TO 10, 10 BEING BEST, WHAT IS YOUR OVERALL VOLUNTEER SATISFACTION? WHAT WOULD IT TAKE TO HAVE A 10?	
VOLUNTEER SIGNATURE	VOLUNTEER COORDINATOR SIGNATURE
Name:	Name:
Date:	Date: