

EXIT EVALUATION (VOLUNTEER FORM)

ORGANIZATION NAME HERE

Personal information collected on this form is protected by: **ORGANIZATION NAME**

PART 2 (TO BE COMPLETED BY THE VOLUNTEER WHEN THE PLACEMENT HAS ENDED)

NAME OF VOLUNTEER: _____

VOLUNTEER POSITION TITLE: _____

DEPARTMENT: _____

LAST DAY OF VOLUNTEER SERVICE: _____

WHY ARE YOU LEAVING YOUR VOLUNTEER PLACEMENT?

COMMENTS: _____

HAVE YOU BENEFITED FROM YOUR VOLUNTEER EXPERIENCE WITH
ORGANIZATION XX? YES NO

COMMENTS: _____

WHAT SKILLS & EXPERIENCE GAINED THROUGH YOUR VOLUNTEER ROLE ARE
MOST VALUABLE?

COMMENTS: _____

DID THE VOLUNTEER SELECTION INTERVIEW & POSITION DESCRIPTION
ACCURATELY REFLECT THE COMMITMENT & RESPONSIBILITIES EXPECTED OF
YOU IN YOUR VOLUNTEER POSITION/ROLE? YES NO

COMMENTS: _____

DID YOU RECEIVE ADEQUATE ORIENTATION FOR THE POSITION IN WHICH
YOU VOLUNTEERED? YES NO

COMMENTS: _____



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DID YOU RECEIVE ADEQUATE TRAINING AND/OR INFORMATION TO PERFORM YOUR VOLUNTEER POSITION? YES NO

COMMENTS: _____

WAS YOUR IMMEDIATE SUPERVISOR FRIENDLY, HELPFUL & ACCESSIBLE TO YOU? YES NO

COMMENTS: _____

WERE OTHER STAFF MEMBERS HELPFUL & APPRECIATIVE OF YOUR VOLUNTEER CONTRIBUTION? YES NO

COMMENTS: _____

DID YOUR SUPERVISOR MEET YOUR SUPERVISION & RECOGNITION EXPECTATIONS? YES NO

COMMENTS: _____

WOULD YOU RECOMMEND THIS VOLUNTEER EXPERIENCE WITH TO OTHER INDIVIDUALS? YES NO

COMMENTS: _____

IF YOU HAD THE OPPORTUNITY, WOULD YOU VOLUNTEER WITH OUR ORGANIZATION AGAIN? YES NO

COMMENTS: _____



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WHAT COMMENTS OR SUGGESTIONS CAN YOU OFFER FOR IMPROVING THE VOLUNTEER POSITION YOU EXPERIENCED?

COMMENTS: _____

VOLUNTEER SIGNATURE

DATE

ADMIN:

VOLUNTEER SUPERVISOR SIGNATURE

DATE

MANAGER OF VOLUNTEER RESOURCES
SIGNATURE

DATE

**PLEASE RETURN TO YOUR SUPERVISOR OR
ORGANIZATION XX IMMEDIATELY**

