

# VOLUNTEER EVALUATION & PERFORMANCE REVIEW (VOLUNTEER'S SELF-EVALUATION FORM)

**ORGANIZATION NAME HERE**

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

## PART 2 (TO BE COMPLETED BY THE VOLUNTEER)

REVIEW PERIOD : \_\_\_\_\_ START DATE: \_\_\_\_\_

NAME OF VOLUNTEER: \_\_\_\_\_

VOLUNTEER POSITION TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

DO YOU FEEL THAT YOU HAVE A CLEAR UNDERSTANDING OF YOUR  
VOLUNTEER POSITION RESPONSIBILITIES, PROGRAM POLICIES &  
PROCEDURES, & VOLUNTEER ROLE BOUNDARIES?

YES  REQUIRES MORE INFORMATION

COMMENTS: \_\_\_\_\_

WHAT DO YOU LIKE MOST ABOUT YOUR VOLUNTEER POSITION ASSIGNMENT?

\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU LIKE LEAST ABOUT YOUR VOLUNTEER POSITION ASSIGNMENT?

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ANY VOLUNTEER TRAINING OR INFORMATION THAT YOU FEEL  
WOULD ASSIST YOU IN HAVING A MORE SATISFYING VOLUNTEER EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_



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HAVE YOU COMPLETED ANY TRAINING, EDUCATION AND/OR PERSONAL DEVELOPMENT, RELEVANT TO YOUR VOLUNTEER POSITION DURING THIS EVALUATION PERIOD?

YES  NO

PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

HOW IS YOUR VOLUNTEER CONTRIBUTION RECOGNIZED & VALUED BY STAFF?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT SUGGESTIONS DO YOU HAVE FOR CHANGES THAT MIGHT IMPROVE YOUR VOLUNTEER POSITION OR MATCH?  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS, CONCERNS, ISSUES:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER

\_\_\_\_\_  
DATE

**PLEASE RETURN THE COMPLETED EVALUATION TO YOUR IMMEDIATE SUPERVISOR**

\_\_\_\_\_  
READ & SIGNED BY VOLUNTEER SUPERVISOR

\_\_\_\_\_  
DATE

**THIS FORM WILL BE SUBMITTED TO THE MANAGER OF VOLUNTEERS/DESIGNATE**