

VOLUNTEER EVALUATION & PERFORMANCE REVIEW (SUPERVISOR FORM)

ORGANIZATION NAME HERE

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

PART 1 (TO BE COMPLETED BY THE VOLUNTEER'S IMMEDIATE SUPERVISOR)

REVIEW PERIOD : _____ START DATE: _____

NAME OF VOLUNTEER: _____

VOLUNTEER POSITION TITLE: _____

DEPARTMENT: _____

NAME OF SUPERVISOR: _____

THE VOLUNTEER FULFILLS ASSIGNED POSITION DUTIES IN A RESPONSIBLE & COMMITTED MANNER: YES NEEDS IMPROVEMENT

COMMENTS: _____

THE VOLUNTEER IS AWARE OF & COMPLIES WITH **ORGANIZATION XX** OR VOLUNTEER PROGRAM POLICIES & PROCEDURES; & VOLUNTEER POSITION/MATCH BOUNDARIES: YES NEEDS IMPROVEMENT

COMMENTS: _____

THE VOLUNTEER EXPRESSES INTEREST IN INCREASED RESPONSIBILITY & OFFERS SUGGESTIONS THAT MIGHT IMPROVE THE PROGRAM AND/OR VOLUNTEER PLACEMENT: YES NEEDS IMPROVEMENT

COMMENTS: _____

IDENTIFY TRAINING AND/OR SKILL DEVELOPMENT THAT WOULD BENEFIT THE VOLUNTEER IN THEIR VOLUNTEER POSITION:

IDENTIFY FUTURE GOALS FOR IMPROVING THE VOLUNTEER PLACEMENT:

