



Evaluation and Feedback for Volunteer Position

Volunteer Name: _____ Dates covered: _____

Volunteer position: _____ Evaluation date: _____

1. Position objectives

	Not met		Satisfactory		Superior	
(Insert position objectives here) _____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

2. Personal job interaction

	Needs Improvement		Satisfactory		Excellent	
Volunteer – Volunteer relationships	1	2	3	4	5	
Volunteer – Staff relationships	1	2	3	4	5	
Volunteer – clients relationships	1	2	3	4	5	
Meeting hour commitments and job deadlines	1	2	3	4	5	
Personal Initiative	1	2	3	4	5	
F. Flexibility/adaptability	1	2	3	4	5	

3. Supervisor's remarks referencing the above areas: _____



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4. Volunteer's remarks referencing the above areas:

5. Greatest achievement during this evaluation period:

6. Area where improvement, change, or additional training would be desirable suggested course of action:



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7. How does the volunteer feel about staying in this position? What change in responsibilities or procedures would improve the ability for the volunteer to continue to contribute:

8. What are the major goals the volunteer needs to accomplish in their position between now and the next evaluation period?

1.

2.

3.



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4. _____

5. _____

Next evaluation date: _____

Signatures:

Supervisor: _____ Date: _____

Volunteer (optional): _____ Date: _____