

CONFIDENTIAL - VOLUNTEER PERFORMANCE APPRAISAL

Name of Volunteer:

Date: / /

Position:

Period for evaluation:

The following assessments are to be agreed in discussion between the volunteer and the team leader.

Goals for Volunteer Position:

	<i>Not achieved</i>	<i>Satisfactory</i>	<i>Exceeded Expectations</i>		
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5
4. _____	1	2	3	4	5
5. _____	1	2	3	4	5

Team Relationships:

	<i>Improvement needed</i>		<i>Satisfactory</i>		<i>Excellent</i>
1. With other volunteers	1	2	3	4	5
2. With paid staff	1	2	3	4	5
3. With clients	1	2	3	4	5
4. Time commitments and task deadlines	1	2	3	4	5
5. Initiative	1	2	3	4	5
6. Flexibility	1	2	3	4	5

Comments:

Team Leader:

Volunteer:

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Most significant achievement during the period of evaluation:

Area in which further training or support is desirable and agreed course of action:

How does the volunteer feel about continuing in this position? What changes in responsibilities, or procedures would improve the ability of the volunteer to contribute to the agency?

Agreed goals for the volunteer for the future.

Agreed date for next volunteer assessment: / /

Signatures:

Team Leader: _____ / /

Volunteer (optional): _____ / /