CCE Volunteer Evaluation Report

Volunteer’s Name ________________________________

Position  ________________________________________________________________________________

Service Period ____________ to ____________ Date of Consultation ______________

Volunteer’s accomplishments during this period ______________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Special skills or qualities observed _____________________________________________________________

__________________________________________________________________________________________

Difficulties encountered by the volunteer ________________________________________________________

__________________________________________________________________________________________

Additional training or support required or requested ________________________________________________

__________________________________________________________________________________________

Volunteer’s suggestions for improving the program _________________________________________________

__________________________________________________________________________________________

Volunteer’s overall satisfaction with the volunteer experience _________________________________________

__________________________________________________________________________________________

Supervisor’s comments _______________________________________________________________________

__________________________________________________________________________________________

Action taken:

_____ Volunteer agreement renewed until (date) ________________ Position description amended (Y/N) _____

If yes, volunteer and supervisor should initial the amendments and attach a copy to the Volunteer Agreement Renewal Form.

_____ Volunteer reassigned to the position of ________________________________ as of (date) ____________

_____ Volunteer agreement terminated as of (date) ________________

Volunteer’s signature ______________________________________ Date ________________

Supervisor’s Signature ______________________________________ Date ________________