



VOLUNTEER EVALUATION

NAME OF STUDENT: _____ YEAR OF GRADUATION: _____

HOURS SERVED TO DATE: _____

Please check the block provided for your evaluation in accordance with the performance of the volunteer. If you wish to make additional comments, please use the bottom or back of the form.

	Excellent	Very Good	Good	Satisfactory	Needs Improvement	Unsatisfactory	Cannot Determine
ATTENDANCE & DEPENDABILITY - Advising of absences & schedule changes							
FULFILLING ASSIGNED TASKS							
FOLLOWING DIRECTIONS -Understanding assigned tasks							
COOPERATION							
INITIATIVE							
THOROUGHNESS							
PERSONAL APPEARANCE							
JUDGEMENT							
ABILITY TO WORK WITH OTHERS							
OVERALL EVALUATION							

COMMENTS: _____

STUDENT SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE