



VOLUNTEER SUPERVISION

Name of Volunteer: _____

Period Covered by Evaluation: _____

Position: _____

WORK RELATIONSHIPS

	Needs Improvement		Satisfactory		Excellent
1. Relationship with other volunteers	1	2	3	4	5
2. Relationship with staff	1	2	3	4	5
3. Relationship with user group	1	2	3	4	5
4. Duties/task performance	1	2	3	4	5
5. Meeting commitments on hours and deadlines	1	2	3	4	5
6. Attitude/Initiative	1	2	3	4	5
7. Flexibility	1	2	3	4	5

Comments by Volunteer Co-ordinator regarding above areas:

Comments by Volunteer regarding above areas:

Overall, how does the Volunteer feel about remaining in this position?

What else can be done to support the Volunteer in this position?

Signed : _____
(Supervisor) (Volunteer)

Date: _____ Date: _____

Scheduled date of next evaluation: _____