VOLUNTEER EVALUATION FORM

Volunteer Name

Role

Event or Program

Dates Served

Supervisor Name

RATINGS

Rate each area from 1 (needs improvement) to 5 (excellent).

AREA	1	2	3	4	5	COMMENTS
Punctuality	☐	☐	☐	☐	☐	
Reliability	☐	☐	☐	☐	☐	
Teamwork	☐	☐	☐	☐	☐	
Communication	☐	☐	☐	☐	☐	
Initiative	☐	☐	☐	☐	☐	
Quality of Work	☐	☐	☐	☐	☐	
Overall Performance	☐	☐	☐	☐	☐	

FEEDBACK

Strengths

Areas to Grow

Would You Welcome This Volunteer Back?

☐ Yes ☐ No

SIGNATURES

Supervisor Signature

Date

Volunteer Signature

Date