

Your
Hospital's
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VOLUNTEER EVALUATION

VOLUNTEER SERVICES
Street Address
City, State Zip
Tel (202) 555 - 1212

EVALUATION PERIOD: (From) (To)

VOLUNTEER'S NAME: (First) (Middle) (Last)

RATE THE VOLUNTEER'S PERFORMANCE IN THE FOLLOWING CATEGORIES

CATEGORY	EXCELLENT	ABOVE AVERAGE	AVERAGE	IMPROVEMENT NEEDED
I. WORK Quality; Completion & Understanding of Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. INITIATIVE Ability to Work Independently; Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. MOTIVATION Level of Commitment; Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. MATURITY Ability to Accept Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. INTERPERSONAL SKILLS Ability to Work as a Team Member; Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. RELIABILITY / ATTENDANCE Punctuality; Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. COMMUNICATION SKILLS Articulation; Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. ATTITUDE Sincerity; Desire to Perform Well; Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. LEARNING Ability to Improve Job Performance from prior Work-Related Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR'S SIGNATURE / TITLE

DATE

WHITE = Volunteer Services

PINK = Volunteer