

**COUNTY OF HENRICO
DEPARTMENT OF HUMAN RESOURCES
VOLUNTEER SERVICES PROGRAM**



*Volunteer Performance Evaluation
(To be completed by the Supervisor of the Volunteer)*

Date: _____

Volunteer Name: _____

Department: _____

Supervisor: _____

Evaluation Period: FROM _____ TO _____

Please check either yes or no to the following questions as they relate to the volunteer's performance of their assignment:

		YES	NO
WORK HABITS	Reports for assignments as scheduled		
	If unable to report, calls supervisor promptly		
	Exhibits interest and enthusiasm		
	Carries assignments to completion		
	Establishes priorities in assignments		
	Utilizes time effectively		
	Other comments:		
QUALITY	Performs assignment(s) effectively		
	Applies knowledge and techniques as learned		
	Understands purpose and goals of department		
	Understands objectives of assignments		
	Executes procedures accurately		
	Asks questions when in doubt		
	Approaches assignments with a responsible attitude		
Other comments:			
QUANTITY	Completes assigned tasks on time		
	Other Comments:		

RELATIONSHIP WITH OTHERS	Displays courtesy and tact		
	Relates well to the public		
	Works well with other paid and volunteer staff		
	Expresses opinions and disagreements in a mature manner		
	Other Comments:		

Overall comments: _____

Recommendations (if applicable): _____

Signature of Supervisor: _____

Date: _____

Signature of Volunteer: _____

Comments of Volunteer: _____

