

Catholic Charities  
**Volunteer Evaluation Form - ADULT**

**CC Volunteer Evaluation Form Part A: Completed by Staff Member**

Name: \_\_\_\_\_ Date Started: \_\_\_\_\_

Program: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Evaluation: \_\_\_\_\_

Total # hours contributed: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Please check the following items applicable:

- Understands purposes and goals of the program
- Understands and complies with confidentiality in client relationships
- Relates well with public
- Exhibits poise in handling difficult situations
- Exhibits sincere interest in the volunteer work
- Reliable about schedule and time commitment
- Completes assignments in a timely fashion
- Pays attention to detail when necessary
- Willing to take on assignments
- Welcomes opportunities to learn information or procedures that will make work more effective
- Follows through on assignments
- Willing to ask questions when in doubt

**Additional Comments:**

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Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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**Volunteer Evaluation Form - ADULT**

**CC Volunteer Evaluation Form Part B: Completed by Volunteer**

Name: \_\_\_\_\_ Date Started: \_\_\_\_\_

Program: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Evaluation: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Please check the following items with which you agree:

**Orientation and Training**

- The goals and purposes of the program were clearly explained
- The job description for your position was reviewed and procedures to be followed were explained
- Training was effective and provided the tools needed to perform the assigned tasks

**Supervision**

- A Staff Member was available to you when you had questions or needed information
- A Staff Member's attitude was one of professional regard
- Staff members roles and responsibilities are clear

1. Do you have any suggestions to improve the volunteer experience?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any other comments or suggestions?

\_\_\_\_\_  
\_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_