## **Volunteer Evaluation**

Please complete this evaluation so that your input can be used to continually improve our program. Use the back of the sheet as necessary. This information will be kept confidential in that no names will be used, but the feedback you provide may be used. You may remain anonymous. Thank you.

Name (optional)						
1.	In what position did you Volunteer at Jefferson County?					
2.	Have you found your Volunteer position to be interesting, challenging, fun?					
3.	Did you receive sufficient orientation prior to Volunteering with us? Comments:					
4.	How would you characterize the supervision given to you by staff?					
5.	Do you think your time and talents were utilized in your Volunteer position?					
6.	Were the duties you were given as a Volunteer close to what you expected? Comments:					
7.	Do (did) you feel sufficiently trained/coached during the time you Volunteered?					

8.	Do you feel well ap Comments:	preciated by th	ne organization	, staff, clients a	and other Volunte	eers?		
9. What is the Volunteer program's greatest strengths/weaknesses? Strengths:								
	Weaknesses:							
10.	10. What suggestions do you have for improving the Volunteer program?							
11. Overall, how would you rate our Volunteer program? (1=Terrible, 7=Great!)								
1	2	3	4	5	6	7		
12.	Any other comment	s or Feedback	?					