Evaluation Form for Community Service Placements

Volunt	eer nam	ne:						
Genera	al Descri	ption of	Duties:					
Volunt	eer Coo	rdinator	Name/N	Name of individual completing form:				
Reviev	v Period:	•						
Rating	s: (1=Po	or, 2=Fa	ir, 3=sati	sfactory, 4=Good, 5=Excellent) Circle one.				
1. Quality of Work – completed assigned tasks in an acceptable manner with minimal errors:								
1	2	3	4	5				
Comm	ents:							
2. Attendance and Punctuality – arrived at the scheduled time and completed the full shift; worked the agreed upon number of weekly hours, did not "call off" excessively or fail to show up:								
1	2	3	4	5				
Comm	ents:							
	-	-		atisfactory amount or volume of work or tasks in the time allotted authorized breaks:				
1	2	3	4	5				
Comm	ents:							

					kills – able to communicate and interact appropriately with other	
indivi	duals o	n the job	o site; us	ed approp	priate communication and verbal skills; accepted feedback	
1	2	3	4	5		
Comr	nents:					
	•			-	n to follow directions and complete tasks independently once ersight than is generally necessary.	
1	2	3	4	5		
Comr	nents:					
6. Ap	pearan	ce – mai	ntained	appropria	te attire for the job conditions and acceptable grooming/hygiene.	
1	2	3	4	5		
Comr	nents:					
Othei	comm	ents -				