

Volunteer Services Evaluation

Name:

Date:

Location:

1. What was your average attendance for the previous year? (Please rate 1-5 accordingly):

1 =1-5 visits: 2=5-10 visits: 3 =11-20 visits: 4 =21-30 visits: 5 =40+ visits

2. What was your biggest obstacle working in the institution?
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Please rate how easy difficult it was to volunteer in the institution

1 = very difficult 2 = difficult 3 = okay 4 = easy 5 = very easy

3. What changes do you feel, if made, would strengthen your volunteer program?
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Is this program adequately supervised by GDC staff?

1 = not at all 2 = somewhat supervised 3 = moderately supervised

4 = supervised 5 = very supervised

4. Cooperation/support from your supervisor?

1 = not at all 2 = somewhat 3 = no opinion 4 = okay 5 = very well

5. Rate your effectiveness (1= not effective; 5=Very Effective)
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6. Will you continue to work in a GDC facility?

YES NO