

Annual Volunteer Services Evaluation (To be placed in the Facility Suggestion Box when completed)

Name (Optional):

Date:

Location:

1. What was your average attendance for the previous year? (Please circle an approximate average):

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

2. Please rate how easy or difficult it was to volunteer in the institution (Circle Answer)

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

3. What was the biggest obstacle while working in the institution? (ex. Coordination, staff facilitation, etc??) Explain:

4. What changes do you feel, if made, would strengthen your volunteer program?

Explain:

5. Is this program adequately supervised by GDC staff? (Circle Answer)

1 = not at all 2 = somewhat supervised 3 = moderately supervised 4 = supervised 5 = highly supervised

6. Cooperation/support from your volunteer supervisor? (Circle Answer)

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

7. Rate your effectiveness (Circle Answer)

1 = not effective 2 = somewhat effective 3 = average effective 4 = moderately effective 5 = very effective

8. Will you continue to work in a GDC facility? (Circle Answer) YES NO