**PERFORMANCE APPRAISAL FORM**

Insert

Own Logo

Name of Volunteer: Date:

Position: Period for evaluation:

The following performance appraisal is to take place through discussion between the Volunteer and the Volunteer Coordinator.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goals for Volunteer Position:** | Not achieved |  | Satisfactory |  | Exceeded expectations |
| 1. | 1 | 2 | 3 | 4 | 5 |
| 2. | 1 | 2 | 3 | 4 | 5 |
| 3. | 1 | 2 | 3 | 4 | 5 |
| 4. | 1 | 2 | 3 | 4 | 5 |
|  |
| **Team Relationships:** | Improvement needed |  | Satisfactory |  | Excellent |
| 1. With other volunteers | 1 | 2 | 3 | 4 | 5 |
| 2. With paid staff | 1 | 2 | 3 | 4 | 5 |
| 3. With members | 1 | 2 | 3 | 4 | 5 |
| 4. Time commitments and task deadline | 1 | 2 | 3 | 4 | 5 |
| 5. Initiative | 1 | 2 | 3 | 4 | 5 |
| 6. Flexibility | 1 | 2 | 3 | 4 | 5 |
| **Comments:** |  |  |  |  |  |
| Volunteer Coordinator: |  |  |  |  |  |

Volunteer:

Most significant achievement during the period of evaluation:

Area/s in which further training or support is desirable and agreed course of action:

How does the volunteer feel about continuing in this position? What changes in responsibility or procedure would improve the ability of the volunteer to contribute to the organisation?

Agreed future goals for the volunteer:

Agreed date for next volunteer assessment/performance appraisal:

Signatures:

Volunteer Coordinator: Date:

Volunteer (optional): Date: