



VOLUNTEER EVALUATION FORM

Date: \_\_\_\_\_ Volunteers Name: \_\_\_\_\_

Session/Event/Program Date: \_\_\_\_\_ Session/Event/Program: \_\_\_\_\_

**Department:**

- |  |   |
|--|---|
| <input type="checkbox"/> Emergency & Fire Services     | <input type="checkbox"/> Public Works           |
| <input type="checkbox"/> Event Services                | <input type="checkbox"/> Recreation & Culture   |
| <input type="checkbox"/> Parks Operation & Maintenance | <input type="checkbox"/> Other (Specify): _____ |

Position: \_\_\_\_\_ Location: \_\_\_\_\_

**Ratings:**

| Rating | Performance Level | Description  |
|--------|-------------------|--|
| 1      | Excellent         | Volunteer consistently meets all placement requirements                                      |
| 2      | Satisfactory      | Volunteer meets basic placement requirements. Requires further development in specific areas |
| 3      | Needs Improvement | Volunteer lacks necessary skills for this placement  |

| Category                      | Rating      | Comments |
|-------------------------------|-------------|----------|
| Leadership Skills             | 1    2    3 |          |
| Organizational Skills         | 1    2    3 |          |
| Public Relations              | 1    2    3 |          |
| Attitude                      | 1    2    3 |          |
| Commitment                    | 1    2    3 |          |
| Teaching Skills               | 1    2    3 |          |
| Safety Practices              | 1    2    3 |          |
| Relationship with Other Staff | 1    2    3 |          |
| Punctuality                   | 1    2    3 |          |
| Attendance                    | 1    2    3 |          |
| Capacity to Develop           | 1    2    3 |          |
| Evaluation Summary            | 1    2    3 |          |

Please turn over ➤

Supervisor's Comments/Suggestions:

Recommend to Retain Volunteer: Yes No

Comments:

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Alternate Placement Requested: Yes No

Comments:

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If YES, preferred placement opportunity: \_\_\_\_\_

Volunteer's Comments/Suggestions on the Placement Opportunity:

Comments:

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Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach and submit this form, along with your completed Community Services hours form and your school form to:*

*Volunteer Development  
c/o- Richvale Community Centre  
160 Avenue Road  
Richmond Hill ON L4C 5L8*

*OR*

*Fax  
905 737 0430*

*Questions or Comments,  
Please email:  
volunteers@richmondhill.ca*