

Community Service Volunteer Assessment Form

Please complete this assessment form for the volunteer. This document is formatted for printing and physical filing.

Volunteer Information

| | |
|----------------------------|---|
| Volunteer Full Name: | <input type="text"/> |
| Organization/Project Name: | <input type="text"/> |
| Supervisor Name & Title: | <input type="text"/> |
| Service Start Date: | <input type="text" value="MM/DD/YYYY"/> |
| Service End Date: | <input type="text" value="MM/DD/YYYY"/> |
| Total Hours Completed: | <input type="text"/> |

Performance Evaluation

Please evaluate the volunteer's performance in the following areas using a scale of 1 to 5 (1 = Poor, 3 = Average, 5 = Excellent) or N/A.

| Performance Area | Rating (1-5 / N/A) | Specific Comments |
|-------------------------------|----------------------|----------------------|
| Punctuality & Reliability: | <input type="text"/> | <input type="text"/> |
| Attitude & Cooperation: | <input type="text"/> | <input type="text"/> |
| Quality of Work: | <input type="text"/> | <input type="text"/> |
| Initiative & Problem Solving: | <input type="text"/> | <input type="text"/> |
| Communication Skills: | <input type="text"/> | <input type="text"/> |

Overall Assessment & Feedback

Key Strengths observed during service:

Areas recommended for growth/improvement:

Would you recommend this volunteer for future roles? (Yes / No / Conditional):

Signatures (For Print Verification)

By signing below, the parties agree that the hours listed above were completed and the assessment is accurate.

| | | | |
|-----------------------|---|-------|---|
| Supervisor Signature: | <input type="text" value="Sign on printed copy"/> | Date: | <input type="text" value="MM/DD/YYYY"/> |
| Volunteer Signature: | <input type="text" value="Sign on printed copy"/> | Date: | <input type="text" value="MM/DD/YYYY"/> |