

**VOLUNTEER EVALUATION**

NAME		SUPERVISOR NAME	
DIVISION		OFFICE	
LENGTH OF ASSIGNMENT	REASON FOR LEAVING		

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YOU WOULD LIKE TO EXPLAIN AN ANSWER, USE THE BACK OF THE FORM.

1. Please describe the positive aspects of your volunteer assignment:

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2. Do you feel you gained valuable work experience through this volunteer assignment?

YES  NO

3. Do you feel you were appropriately placed in the Department?

YES  NO

4. Do you feel you could have contributed more to the Department?

YES  NO

5. Has your volunteer experience helped you better understand State service?

YES  NO

6. What did you like the most and least about being a Volunteer?

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7. Was your supervisor available when needed?

YES  NO

8. Did you receive sufficient training to complete assigned tasks?

YES  NO

9. Were your responsibilities clearly explained?

YES  NO

10. Please add any additional comments or suggestions to assist the Department in improving the Volunteer Program.

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