Volunteer Feedback Form

Program _____ Office_____

Please check the box indicating your satisfaction or dissatisfaction.

	Satisfied	Dissatisfied
1. The hours that I work are suitable.	☐	☐
2. The policies and procedures regarding volunteerism have been shared with me.	☐	☐
3. I receive the support I need from my supervisor.	☐	☐
4. My co-workers are helpful and supportive.	☐	☐
5. The work that I do is rewarding to me.	☐	☐

Comments / Suggestions:_____

_____

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_____

Supervisor: Volunteer's performance is ☐ satisfactory ☐ unsatisfactory

Volunteer Signature/Date_____

Supervisor Signature/Date_____

8/09