

Volunteer Evaluation

Volunteer Name: _____

Date of Evaluation: _____

	Improvement Needed	Successful	Exceptional	Comments
Professionalism				
Follows dress code & wears name badge				
Demonstrates an overall positive attitude				
Interacts in a professional manner with staff, residents, clients, etc.				
Contributes to our mission of “Older Adults Living Life to the Fullest”				
Safety				
Knowledgeable of health & safety policies and procedures				
Follows proper hand-washing/sanitizing procedures, especially in our residential communities				
Communication				
Accurate and timely communication with Volunteer Coordinator/Supervisor				
Maintains patient/client confidentiality/HIPAA if applicable				
Communicates effectively with staff, residents, clients, etc.				
Job Performance				
Completes accurate time-keeping records				
Arrives on-time according to schedule				
Completes assigned tasks on time and to the best of his/her ability				
Provides customer service to those being served; works well with others				
Volunteer Role-Specific Responsibilities				

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Additional Comments:

Goals/other interests in volunteering?

Name of LSS Volunteer

Signature of LSS Volunteer

Name of Volunteer Coordinator/Supervisor

Signature of Volunteer Coordinator/Supervisor

Office Use Only

Annual TB Screening complete _____

Encouraged to receive FLU vaccine _____