

Volunteer Evaluation

(To be completed by the client/family)

Please respond to the following questions using the number scale below:

1- Not at all 2- Somewhat agree 3- Mostly Agree 4- Very Much So
5- Couldn't be better

1. I feel that I am heard by the team when I voice a need
2. I/my loved one know(s) how to reach someone 24/7
3. My initial contact with my volunteer was positive
4. I understand what my volunteer's responsibilities are
5. I feel cared for and respected by my volunteer
6. My concerns are addressed promptly and resolved
7. My volunteer is making a difference in my quality of life
8. I/my loved one feel(s) safe with my volunteer
9. My volunteer represents your organization well
10. I would recommend your program to others

Comments, observations, and recommendations: