UM– St. Louis Volunteer Evaluation

Volunteer Name	Start Date
Department	Position

Thank you for helping Volunteer Services achieve its mission of serving the campus community. After allowing for what you believe is an adequate enough time for an accurate evaluation (i.e. 2 weeks, 1 month, etc.), please take a moment to fill out this evaluation and return to: Volunteer Services, 2 Normandie Hall. If you have any concerns or questions regarding the evaluation or following the evaluation please contact our office at x4106.

	Above Average	Average	Below Average
Dependability	☐	☐	☐
Quality of Work	☐	☐	☐
Attitude	☐	☐	☐
Knowledge	☐	☐	☐
Communication Skills	☐	☐	☐
Organizational Skills	☐	☐	☐

Comments:_____

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Supervisor's Name/Title

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☐ I would appreciate a follow-up phone call to discuss this evaluation further.

Form VS-21

UM– St. Louis Volunteer Evaluation

Volunteer Name	Start Date
Department	Position

Thank you for helping Volunteer Services achieve its mission of serving the campus community. After allowing for what you believe is an adequate enough time for an accurate evaluation (i.e. 2 weeks, 1 month, etc.), please take a moment to fill out this evaluation and return to: Volunteer Services, 2 Normandie Hall. If you have any concerns or questions regarding the evaluation or following the evaluation please contact our office at x4106.

	Above Average	Average	Below Average
Dependability	☐	☐	☐
Quality of Work	☐	☐	☐
Attitude	☐	☐	☐
Knowledge	☐	☐	☐
Communication Skills	☐	☐	☐
Organizational Skills	☐	☐	☐

Comments:_____

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Supervisor's Name/Title

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☐ I would appreciate a follow-up phone call to discuss this evaluation further.

Form VS-21