

Known. Loved. Valued. Volunteer Evaluation Form

Student Name:					
Date:					
Organization Name:					
Organization Phone Numb	er:				
Date(s) worked: organization, enter on back	(for r k but turn	nultiple form in	e days wit monthly)	h same	
tart:am/pm End:am/pm Total Time :					
Duties performed:					
Duties performed: Directions: Place a check n isted below. In the scale, ' generally acceptable.	nark in the	e appro	priate col	umn foi	
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Directions: Place a check n isted below. In the scale, 'generally acceptable. Area of Evaluation Timeliness Attitude Work Ethic	nark in the 'Average"	e appro should	priate col indicate t	umn foi that the	student

Date Worked	Start Time	End Time	Supervisor Initials