

Evaluation or Performance Review

End of the Trial Period

Performance Review

Volunteer Name:

Date:

Contact Person Name:

Are activities in line with expectations?

How do you find the guidance / cooperation with the other volunteers?

Are you sufficiently informed about everything related to your activity?

What problems have you experienced in performing your duties and can you make any suggestions for improvement?

Are there any changes to the previously made agreements?

What have you learned in the past period?

Knowledge of:

Evaluation or Performance Review

Skills gained:

Others:

Do you have suggestions and/or comments on volunteer work within the organization?

Date next review:

Coordinator Signature

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Volunteer Signature

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