

Volunteer Evaluation Form

Volunteer Name (optional): _____

Date Completed: _____ **Volunteer Hours Completed:** _____

Thank you for volunteering at LEEP. Volunteer input is very important for our agency and enables us to provide a quality experience for all of our volunteers.

In an attempt to continually improve volunteer experiences and our programs, we would like to know what you felt went well during the program and if there are any improvements that should be considered in the future. Please complete the following evaluation.

5 = Strongly Agree 4 = Agree 3 = Uncertain 2 = Disagree 1 = Strongly Disagree

Please place one "X" in the box that most accurately answers the following statements...

	1	2	3	4	5
You felt your orientation was beneficial.					
Our expectations of volunteers were clearly explained to you.					
You felt prepared for your first day of volunteering with LEEP.					
The program(s) you assisted with were well organized. _____					
The LEEP staff was knowledgeable and able to answer questions.					
The LEEP staff made you feel welcome and helped you get involved.					
Your comfort level of working with people with disabilities has changed.					
Your attitude towards people with disabilities has changed.					
You feel better about yourself when volunteering with LEEP.					
You would volunteer with LEEP again.					

➤ **What did you enjoy or benefit from the most through your volunteer experience?**

➤ **What do you feel could be improved to make your experience more enjoyable?**

➤ **Any additional comments?**

Thank you for completing the Volunteer Evaluation Please turn this in to LEEP (at 929 North 4th Street, Mankato, MN 56001) to receive one-half hour of time for filling this out and to have your time-card signed by Assistant Director.