

Volunteer Evaluation Form

Thank you for volunteering with LEEP. In an effort to improve volunteer experiences, please complete the following evaluation. Volunteer input is very important for our agency and enables us to provide a quality experience for all of our volunteers.

	<i>(Please Circle One)</i>				
	<u>Poor</u>	<u>Average</u>	<u>Excellent</u>		
1. Did you feel your orientation was beneficial?	1	2	3	4	5
2. Were expectations as a volunteer clearly explained to you?	1	2	3	4	5
3. Did you feel the program was well organized?	1	2	3	4	5
4. Were the program staff knowledgeable and able to answer questions?	1	2	3	4	5
5. Did your comfort level increase working with people who have disabilities?	1	2	3	4	5
6. Overall experience:	1	2	3	4	5
7. What did you enjoy or benefit from the most through your volunteer experience?					
8. What do you feel could be improved to make your experience more enjoyable?					
9. Any additional comments:					

Volunteer Name (optional): _____

***Please complete and return to:
LEEP
929 North 4th Street Mankato, MN 56001
507.387.5122***