

# APPENDIX 2.1

## VOLUNTEER REVIEW CHECKLIST

Name: \_\_\_\_\_

Position Description: \_\_\_\_\_

Period of time this review covers \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Is the position description as prepared between you and the volunteer co-ordinator accurate ?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any part of the position that needs improvement?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel supported in your volunteer task?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any further support (such as training) that you would like?	<input type="checkbox"/>	<input type="checkbox"/>
Do you enjoy your task?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to continue in this position?	<input type="checkbox"/>	<input type="checkbox"/>
If no what other position would you be interested in?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your voluntary contribution is valued by the organization?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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I have read and understand this review:

Volunteer's signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Coordinator's signature \_\_\_\_\_ Date \_\_\_\_\_

*(Adapted from the Maryland Cooperative Extension Volunteer Review Form)*