

**The Briarwood School
Community Service Program
Student's
Evaluation of Volunteer Agency
(To be completed by student volunteer)**

Student's Name: _____

Volunteer Agency: _____

Agency Supervisor: _____

Volunteer Position: _____

Dates of Service: Started _____ Ended _____
(Month) (Day) (Year) (Month) (Day) (Year)

.....

The adult you worked with most often: _____
(Mr.) (Mrs.) (Ms.) First Name Last Name

1. Describe your tasks/duties as a volunteer.

2. The orientation/training provided by the agency was:

(A) ____ Very good (B) ____ Adequate (C) ____ Insufficient (What training?)

3. How do you feel the agency might improve their orientation/training for volunteers?
What would you do differently if you were in charge of the orientation/training for volunteers?

4. The adult I worked with most often was available:

- (A)___all the time (B)___most of the time (C)___sometimes (D)___seldom

(2-sided)

5. Instructions or suggestions given by my supervisor were clear and easy to follow:

- (A)___ all the time (B)___most of the time (C)___sometimes (D)___seldom

6. The tasks I was asked to perform gave me an opportunity to use my own initiative and creativity:

- (A)___ all the time (B)___most of the time (C)___sometimes (D)___seldom

7. My talents/gifts were well utilized by the agency:

- (A)___ all the time (B)___most of the time (C)___sometimes (D)___seldom

8. Is there anything you would like to have known ahead of time that would have made your service a more rewarding and worthwhile experience?

9. Would you recommend this volunteer experience to another Briarwood student?

- (A)___yes (B)___no Please explain why.

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