Print Form

County of San Bernardino
Department of Behavioral Health

Volunteer Evaluation

Name:	**Date:**
Office/Program:	
Volunteer Name:	

Using the following scale rate the volunteer. Please circle the one that applies:

Excellent	Above Average	Average	Below Average	Unsatisfactory
5	4	3	2	1

How would you rate the volunteer overall	**5**	**4**	**3**	**2**	**1**
Knowledge of subject matter	**5**	**4**	**3**	**2**	**1**
Following instructions	**5**	**4**	**3**	**2**	**1**
Ability to work independently	**5**	**4**	**3**	**2**	**1**
Ability to work with others	**5**	**4**	**3**	**2**	**1**

Did you find having a volunteer helpful? _____

_____

_____

Would you consider placing another volunteer in your program again? Yes____ No____

Please include any comments or suggestions to improve our program:

_____

_____

Thank you for completing the evaluation form. Please forward to the following:
Email: Susan.Abito@dbh.sbcounty.gov or Fax: (909) 252-4055