Print Form

VOLUNTEER SEPARATION REPORT

DEPARTMENT OF BEHAVIORAL HEALTH
VOLUNTEER SERVICES

Must print in Black or Blue ink ONLY

Personal Information

Last Name, First Name		Telephone
Mailing Address	City	Zip Code
Program	Job Title	

Separation Information:

Separation effective on:

Reason for separation from County: Check ONE

- ☐ End of volunteer Placement
- ☐ Dismissal
- ☐ Job abandonment/ Left without Notice
- ☐ Became an Employee
- ☐ Converting to Unpaid Intern
- ☐ Other: Explain

Overall Job Performace:

- ☐ Exceeds Standards
- ☐ Meets Standards
- ☐ Below Standards
- ☐ Unsatisfactory

If volunteer seeks new placement, is there any documented reason the request should be denied?

☐ Yes ☐ No

Completed by Supervisor or Volunteer Services Coordinator

Supervisor Name:	Supervisor Signature:
Date:	Telephone:

Complete if hours were required for credit:

School Name	Coordinator Name	Hours completed	Hours Required