

Oklahoma Department of Corrections Volunteer Program/Activity Evaluation Form

Name of Volunteer Program/Activity: _____

Type of Volunteer Service: _____ Date of Evaluation: _____

Volunteer Organization (if applicable): _____

Evaluator: _____ Job Title: _____

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Has the Volunteer Program/Activity consistently kept appointments and commitments?
Meets Standards Exceeds Standards Needs Improvement

Has the Volunteer Program/Activity consistently followed policy and guidelines?
Meets Standards Exceeds Standards Needs Improvement

Briefly describe the positive impact or contributions the volunteer program/activity has made during this review period:

Briefly describe any areas for improvement and /or development for the next review period:

Overall Performance of the Volunteer Program/Activity:
Meets Standards Exceeds Standards Needs Improvement

Vol. Program Leader Signature / Date

Evaluator Signature / Date