



**Arlington County Public Health  
Volunteer Management System**



<b>VOLUNTEER PERFORMANCE EVALUATION FORM</b>				<b>VMS 226</b> Rev. 9/26/05	
<i>This form documents an overall performance evaluation of the individual ACPH volunteer. It is to be completed by the IMS Supervisor overseeing the volunteer during assignment. The ICS/IMS Supervisor receives the form from the Volunteer Onsite Coordinator.</i>				<b>ONSITE VOLUNTEER COORDINATOR</b> Distribution to the Incident Integration Branch and Assignment Supervisor	
1. INCIDENT:		2. DATE/TIME:		3. OPERATIONAL PERIOD:	
4. VOLUNTEER NAME:			5. VOLUNTEER ID #:		
6. VOLUNTEER POSITION:		7. POSITION LOCATION:		8. ICS/IMS POSITION SPECIFIC TRAINING DONE: <b>YES                  NO</b>	
<b>9. OVERALL PERFORMANCE</b>	<b>Unacceptable</b>	<b>Needs to improve</b>	<b>Fully successful</b>	<b>Exemplary</b>	
10. COMMENTS/RECOMMENDATIONS <i>(if there are any particular areas that need further documentation please provide details below):</i>					
11. This evaluation has been discussed with the volunteer: <b>YES                  NO</b>					
12. EVALUATION PERFORMED BY: <i>(Signature of ICS/IMS Supervisor)</i>			NAME <i>(print)</i> :		
			POSITION:		



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**Instructions for:  
VMS 226 – Volunteer Performance Evaluation Form**

This form documents an overall performance evaluation of the individual ACPH volunteer. It is provided by the Volunteer Tracking Supervisor to the volunteer's IMS Supervisor for completion. The IMS Supervisor is encouraged to review the evaluation with the volunteer. The Volunteer Tracking Supervisor assures the completed forms are transmitted to the Volunteer Deployment & Out-processing Leader, who considers the evaluation in determining further assignments, and enters the evaluation information into the ACPH volunteer's file.

- ? *Section 1: Document the name given by IMS management to the name of the incident.*
- ? *Section 2: Document the time and date at which the VMS 226 is being prepared.*
- ? *Section 3: Document the operational period the VMS 226 applies to. For instance, if operating on a 12 hour cycle, then put 0700-1900 or 1900-0700 as appropriate. If operating on a 24 hour cycle, then 0700-0700 as appropriate.*
- ? *Section 4: Document the name of the volunteer whose performance is being evaluated.*
- ? *Section 5: Document the Volunteer ID Number of the volunteer whose performance is being evaluated.*
- ? *Section 6: Document the position held by the volunteer.*
- ? *Section 7: Document the location to which the volunteer was assigned.*
- ? *Section 8: Indicate whether the volunteer was provided with the position specific training indicated by the assignment.*
- ? *Section 9: Rate the overall performance of the volunteer by selecting one of four possible performance rankings.*
- ? *Section 10: Document any additional comments or recommendations directly related to the volunteer's performance.*
- ? *Section 11: Document whether this evaluation has been discussed with the volunteer in question.*
- ? *Section 12: Insert the signature of the IMS Supervisor responsible for overseeing the volunteer during assignment and preparing the evaluation. Print the name and position of the IMS Supervisor preparing the form.*